



| Sr. No. |
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application form

SUBJECT: Application for the Post of Shikshan Sevak (Junior College)

| То, | <u>Dat</u> | | | | | | | | | | | | ate : | | | | |
|---|----------------|----------|--------------------|----|--|------|----|---|------------|--|----------|------|-------|----------------|--|--|--|
| The Principal Hislop College, Nagpur | | | | | | | | | | | | | | | | | |
| Respected Madam, | | | | | | | | | | | | | | | | | |
| In response to the adv | vertisement pu | ıblished | in | | | | | | | | _ [| Date | d _ | | | | |
| I hereby apply and submit my Resume for the post of Shikshan Sevak in | | | | | | | | | | | | | | subject | | | |
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| Full Name (In BLOCK | - | | | | | | | | | | | | | | | | |
| NAME - MIDDLE NAME - | - SURNAME | | | | | | | | | | | | | | | | |
| Father's / Husband's I | Name | | | | | | | | | | | | | | | | |
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| Address for Correspo | | | | | | | | | | | | | | | | | |
| ridaress for correspon | | | | | | | | | | | | | | | | | |
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| Contact Number | | | | | | | | | | | | | | | | | |
| Date of Birth: DATE-M | ONTH-YEAR | D | | М | | | | I | | | | | Y | | | | |
| Completed Age | | | YEA | RS | | MONT | HS | | | | | | | | | | |
| Caste / Religion | | | | | | | | | | | | | | | | | |
| EDUCATIONAL QUALIFICATIONS With Attested Copies of Qualification Mark Sheets Enclosed | | | | | | | | | | | ed . | | | | | | |
| Examination | Year of Pass | ing | Board / University | | | | | | Percentage | | | | I | Division/Grade | | | |
| ssc | | | | | | | | | | |].[| | | | | | |
| HSSC | | | | | | | | | | | | | | | | | |
| Graduation | | | | | | | | | | |].[| | | | | | |
| Post Graduation | | | | | | | | | | |]. | | | | | | |
| B.Ed. | | | | | | | | | | |]. | | | | | | |
| Any Other - 1 | | | | | | | | | | |].[| | | | | | |
| Any Other - 2 | | | | | | | | | | |]. | | | | | | |
| Experience in | Particulars o | f Experi | ience : | | | | | | | | | | | | | | |
| No. of Years | | | | | | | | | | | | | | | | | |
| Years | | | | | | | | | | | | | | | | | |
| Nagpur Date : - | - 2017 | | | | | | | | | | | | | | | | |

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