# AF School logoAIR FORCE SCHOOL BHUJ

# APPLICATION FOR THE POST OF

#  TEACHING/NON TEACHING Photo

POST APPLIED FOR:………………………………

1. Name : ………………………………………………………………………………………..

Passport size photo

1. Father’s Name : ……………………………………………………………………………….
2. Date of Birth : / / Age as on Date ……………………………………………
3. Permanent Postal Address:…………………………………………………………………..
4. Present Postal Address:……………………………………………………………………..
5. Mob No with WhatsappNo.1: ……………………………………………………………….
6. Mob No with WhatsappNo.2 (Alternate): ……………………………………………………
7. E-Mail ID :- ……………………………………………………
8. Educational Qualification : ……………………..
9. Experience of Work if any : …………….. Years
10. Any other Achievements/Awards/Appreciation: …………………………
11. Testimonials to be Attached: Relevant self Attested Xerox copy.**(Through post)**

I hereby declare that above details are true to the best of my knowledge. Anything found false or incorrect at any stage, the appointing Authority has full right to take appropriate action against me as per the provisions.

Place:

Date :

(Signature)

Educational Qualification:\*\* Annexure A

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr.No. | Degree/ Certificate | Year | Board/University/College | Main Subject | Marks Obtained | Total Marks | Percentage % |
| a) | High School |  |  |  |  |  |  |
| b) | Intermediate or equivalent |  |  |  |  |  |  |
| c) | Under Graduate |  |  |  |  |  |  |
| d) | Post Graduate |  |  |  |  |  |  |
| e) | B Ed |  |  |  |  |  |  |
| f) | Any Other |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## Experience of Work if any:

**Note:** Hard copy along with Testimonials to be sent to **Executive Director, Air Force School Bhuj, Opp. KV No 1, Air Force Station, Khavda Road- Bhuj 370001. PH:- 9409322480/8460811312**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr.No. | Post Held | Institution/ School | From  | To  | Total No. of years/month |
| a) |  |  |  |  |  |
| b) |  |  |  |  |  |
| c) |  |  |  |  |  |
| d) |  |  |  |  |  |
| e) |  |  |  |  |  |
| f) |  |  |  |  |  |