## SAINIK SCHOOL KORUKONDA

## APPLICATION FOR THE POST OF: NURSING ASSISTANT

(FILL IN CAPITAL LETTERS ONLY)

(Strike out whichever is not applicable)

1.	Name :							
2.	Father's/ Husband's Name :							
3.	Permanent Address:	<u>.</u>						
4.								
5.	Category : OBC(NCL) (A copy of format is enclose	d (annevure))						
6.	Contact No  (a) WhatsApp. No:(b). I							
7.	(a) Date of birth : Date	Month	Year					
	(b) Age as on : Year	Months	Days					
8.	Marital Status : Married / Single							
9.	Employment No:							
10.	Qualifications:							
	Medium Subject Studied Month & Name of		% in					

Class	Medium of	Subje	ect Studied	Month & year of	Name of School/	University	% in Main	Division
Class	Instruction	Main	Ancillary		College		Subject	Division

	Expendice (1	Attach Separate	sneet, 11	column			it).	1	1
Sl No	Name of the Institution and address	and Appointment Class Taught From To Tota		Total Period	Day / Residential School	Temp/ Adhoc/ Permanent	Salary Drawn (all incl Per month)		
1									
2									
3									
4									
2.	Proficiency in	Computer:							<u></u>
3.	Proficiency in	Games / Co-o	curricula	r activitie	es				
Sl	Games /		Level Played						
No	Co-curricul			Colle	ge	Unive	esity Sta		emarks
<b>.</b>	Hobbies:								
5.	Details of In-	service training	g attende	ed (If any	r):				
<b>5.</b>	NCC: (a) (b)	Certificate of Camps attend							
	Application for Application for Example 2		2791). ( <sup>9</sup>	Candidat	es sh	ould writ	e Name, Po	st, Subject a	
DD Date				ount		Rs			
Date			Dra	wn on					

I, her	by certify	that the	above	particulars	are	correct	and	true	in a	.11	respect	to	the	best	of	my
knowledge an	d belief.															

Place:	(Signature of Applicant)
Date:	

## FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./Kumari	son/daughter of
of village/town	
1 1	in the State/Union Territory community
which is recognised as a backward class under the Govern Justice and Empowerment's Resolution No. *. Shri/Smt./Kumari	ment of India, Ministry of Social
ordinarily reside(s) in the	and/or his/her family District/Division of the is is also to certify that he/she does
not belong to the persons/sections (Creamy Layer) mentioned Government of India, Department of Personnel & Training C dated 8.9.1993**.	in Column 3 of the Schedule to the
	District Magistrate Deputy Commissioner etc.
Dated:	
Seal	
*- The authority issuing the certificate may have to mention the Government of India, in which the caste of the candidate is mention.	details of Resolution of ontioned as OBC.