'Affiliation No.: 2132888



MA/M.Sc./M.Com./

MBA/MCA/M.Tech.

M.Phil

Ph.D.

5.

6.

7.

SUSHILA MODEL SCHOOL

Dayanand Nagar , Ghaziabad - 201001 e-mail - sushilamodelschool@gmail.com website- www.sushilamodelschool.org

		<u>APF</u>	<u> LICATION</u>	FORM							
1. 2.	` '	ost(b) Subject/Department:e in Block letters									
3.	Personal Details:-						Photog				
	(a) Father's Name (b) Mother's Name										
	(c)Date of Birth (d) Place of Birth (e) Sex										
	(f) Nationality										
	(i) Identification Marks :										
	(k) Aadhar No (J) Driving License No (m) Passport No										
	(n) Name of Spouse	(if married)		(0	o) Occupat	ion of Spou	ıse				
4.	Present Postal Addr	ess (in block Le	etters)								
5.	Phone Permanent Home A	Mobile	No	E-m	ail						
	Pin Code										
	Phone										
6.	Please state whether you are pursuing any course of studies at present? If yes, give details.										
7. 8.	If selection, when you	ou can join?									
Sr. No.	Examination	Board/ University	Name of the Institute	Year of Passing	Medium	Subject Offered	Marks obtaine & Percentage of Marks	Regular / Part Time			
1.	Schooling (VI to VIII)										
2.	Matric/High School										
3.	Hr.Sec./Pre-univ.										
4.	BA/B.Com./ B.Sc/ B.Tech										

Sr. No.	Examination	Board/ University		Name of the Institute		Subject Offered	Marks obtained & Percentage of Marks	Regular / Part Time
1.	B. Ed.							
2.	Any Other Exam							
		<u> </u>			<u> </u>			
).	Experience: (Startin	g from the ear	liest to l	atest)				
	Employer's Name & A	Duration			Nature of		Reason	
					Total Period	Duties/Clas taught	ses Emoluments	For Leaving
						8		
Las	employment							
Т	otal Experience		year	s. Tota	l Present	Emolument	ZS	
i. •	Mention the co-curr Please Note that: You will not be allo		Ç		•			t prior written
•	permission of the co		-	iuitiiei s	studies du	ing your en	inprovincii withou	prior written
•	You will not underta	ake any part-ti	me job i		-			
•	Enclose any ID. Pro Enclose copies of al	•			_	ense/PA N	Card/Passport)	
4.	Give two References: Complete address &	(Not relations	s)					
	1							
	2							
no ter on	eclare that the informathing has been conceal mination of my service any matter pertaining t	ation given about the distribution of the distribution and the distribution of the dis	ove is tru m aware itute. I ha your ins	e and co that an	orrect to the system or the system of the sy	he best of n	ny knowledge and l formation by me n	belief and nay result in
ate								
1	,• /•						Applicant Sign	