## GOVERNMENT POLYTECHNIC SAMBA APPLICATION FORM

| 1.                                 | Post App  | olied for:_        |                            |                |                   |                     |         |   |  |
|------------------------------------|---|--------------------|----------------------------|----------------|-------------------|---------------------|---------|---|--|
| 2.                                 | <ol> <li>Post Applied for:</li> <li>Name of the Applicant:</li> </ol> |                    |                            |                |                   |                     |         | Paste a latest<br>passport size<br>colour<br>photograph |  |
| 3.                                 | 3. Parentage:   |                    |                            |                |                   |                     |         |   |  |
| 4.                                 | 4. Sex (Male/ Female):  |                    |                            |                |                   |                     |         |   |  |
| 5.                                 | 5. Permanent Residential Address:                                     |                    |                            |                |                   |                     |         |   |  |
| 6.                                 | 6. Present Address:   |                    |                            |                |                   |                     |         |   |  |
| 7.                                 | Mobile N  | lo.:               |                            |                |                   |                     |         | •   |  |
| 8.                                 | Email id:   |                    |                            |                |                   |                     |         | <del></del> ·   |  |
| 9.                                 | Date of I   | Birth:             |                            |                |                   |                     |         | •   |  |
| 10                                 | . Academi   | c & Techn          | ical Qualification:        |                |                   |                     |         | _·  |  |
| Exam                               |   | Year of<br>Passing | Board/ University<br>Name  | Total<br>Marks | Marks<br>Obtained | Percentage of marks |         | Remarks   |  |
|                                    |   | 338                |                            |                |                   |                     |         |   |  |
|                                    |   |                    |                            |                |                   |                     |         |   |  |
|                                    |   |                    |                            |                |                   |                     |         | ,   |  |
|                                    |   |                    |                            |                |                   |                     |         |   |  |
|                                    |   |                    |                            |                |                   |                     |         |   |  |
| 11.                                | Experience  | e (if any):        | and the part for the       |                |                   |                     |         |   |  |
| Post Held Organization- Govt./Pvt. |   |                    |                            |                | Period from To    |                     |         |   |  |
|                                    |   |                    |                            |                | T CHOOL HOITI     |                     | 10      |   |  |
|                                    |   |                    |                            |                |                   |                     |         |   |  |
| Dec                                | laration:   | I,                 |                            |                |                   |                     |         | V/o<br>hsil   |  |
|                                    |   | Distric            | t, do here                 |                |                   |                     |         |   |  |
| herei                              | n above i   |                    | lication form are true and |                |                   |                     |         |   |  |
| there                              |   |                    |                            |                | ,                 |                     | · conce | uicu  |  |
|                                    |   |                    |                            |                |                   |                     |         |   |  |
| Date                               | :   |                    |                            |                |                   |                     |         |   |  |
| Place                              |   |                    | Signature of Applicant:    |                |                   |                     |         |   |  |
|                                    |   |                    |                            |                |                   |                     |         |   |  |