

AIR FORCE SCHOOL CHABUA

Air Force Station, Dibrugarh, Assam-786102, E-Mail:- afschabua.786102@gmail.com,
Website:-afschoolchabua.in

(Note: Print the application on both sides of A4 sheet and
fill the Application Form in Uppercase/Capital Letter)

Paste latest
PP size
Photo here

Name of the post applied for : Session:

1. Name of the applicant
(As per matriculation certificate)
2. Date of Birth : Age as on 01 Jul 2020:
3. Name of Father's/spouse's Name) : Date of Posting-in:.....
4. Contact Address :
E-mail.....
Pin..... Mobile No(self only).....
5. Family Composition :No. of Children.....
School & Class in which studying.....
6. Religion & Nationality :

7. Education Qualification

(Attested photocopies of relevant certificates/documents to be enclosed. Only qualifications with supporting copies of certificates will be considered)

SI No.	Name of Qfn	Name of the Board/University	Subjects Opted/ Major in	Year Completed	Total Marks	Marks Obtained	% obtained
(a)	PG/PG Diploma in.....						
(b)	Graduation In.....						
(c)	Diploma in.....						
(d)	10+2						
(e)	Matric/10 th						

8. Professional Qualification

SI No.	Name of Qfn	Name of the Board/University	Subjects Opted/ Major in	Year Completed	Total Marks	Marks Obtained	% obtained
(a)	M Ed						
(b)	B Ed						
(c)	NTT/MTT/ Diploma in Nursery Training etc						
(d)							

9. **Computers qualification**

(Mention courses undergone and knowledge on applications/platforms)

SI No.	Name of Qfn	Knowledge of softwares/OS	Subjects Opted/ Major in	Year completed	Total Marks	Marks Obtained	% obtained
(a)							
(b)							

10. **Professional Experience**

(Attested photocopies of relevant certificates/documents to be enclosed. Only qualifications with supporting copies of certificates will be considered)

SI No.	Worked as	Name of Institute	From (Date)	To (Date)	Duration	Pay drawn	Achievement
(a)							
(b)							
(c)							
(d)							

11. **Special interests/Hobbies/achievement/Co-curricular activities:**

12. **Languages Known (mention the language and Write Yes/No):**

SI No.	Language	Read	Write	Speak
(a)				
(b)				
(c)				
(d)				

13. Whether suffering from any Medical problem (Mention Details and annexed photocopies)

CERTIFICATE

Certified that details mentioned above are true to the best of my knowledge. I am aware of the details mentioned in the advertisement and I am liable to be disqualified at any stage of selection mentioned above if the details mentioned above are found to be incorrect. My Aadhaar Card No. is.....

Date:

(Signature of Applicant)

Note: Use separate sheet if space is limited

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