

ARMY PRE-PRIMARY SCHOOL

VARANASI CANTT

ADDITION FORM FOR ADDOINTMENT OF

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N	ame		:			Plea	se paste nt
D	ate of	Birth	:			colo	
	usban rofess		r's Name & :			1 -	ograph ot staple
Р	ostal A	Address	:				
C	ontact	No. Tel	e :		Mob		
<u>E</u>	ducat	ional Qu	ualification:				
S	S.No.	Year	Degree/Cert.	Institution	Subjects taken	Per. (%)	Remarks
				i i			

Serial	Dura	tion	Total no.	Institution	Salary
	From	То	of years		
(a)					
(b)					
(c)					
(d)					

	Briefly introduce yourself and your background:-
	Express your enthusiasm for the institution and your commitment to its mission:-
	Salary expected:
	Your availability in the School after appointment (Please indicate in months) :
	Please attach Medical Fitness Certificate:
е	

<u>Note</u> : 1.

- Please provide complete details. Attach Photostat of all certificates as mentioned above. Attach medical certificate after getting appointment. 2.
- 3.