Application Form

INDIAN INSTITUTE OF TEACHER EDUCATION Ramkrishna Paramhans Shaikshanik Sankul, KH Road, Sector-15 Gandhinagar - 382016 <u>APPLICATION FORM FOR</u> <u>TEACHING & NON TEACHING POSTS (CONTRACTUAL)</u> [No. of printed pages: 4]

Passport Size

Photo Graph

Post Applied for:

<u>Please read all the instructions carefully regarding the recruitment before filling up the form.</u>

1. Name in full (in block capit	al letters):
2. Father's name:	
3. Permanent Address:	
PIN:	Contact no
4. Address for communication	l:
PIN: Email id	d:

5. Date of birth/ Place of Birth (please attach the certificate of proof for birth date)

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6. Age on the last date of application:

7. Nationality:
8. Religion:
9. Sex:
10. Category (SC/ST) (Pl. attach copy of certificate):
11. Marital Status:

12. Details of Academic Qualifications (Please enclose attested photocopies) :

Exam. passed	Year of passing	Division/ Class	%of marks	Name of the Board/ University	Subject	Rank and Remark, if any
Graduation						
Post- Graduation						
B. Ed						
M. Ed						
NET/SLET						
Ph. D						
Others (Please specify)						

13. Details of work experience:

Items	Post-I	Post-II	Post-III	Post-IV	Post-V	Post-VI
Name of the						
post held						
Name of the						
Institution						
Period						
(from to						
=yrs.						
month						
days)						
Scale of						
pay/Pay						
band/ band						
pay/AGP, as						
applicable						
Temporary/						
Permanent/						
Ad-hoc etc						
Nature of						
duties						
Minimum						
qualification						
required						
Remark, if						
any						

 Note: - Please attach a separate sheet if required.

 14. Present position held with date:

 15. Present gross salary:

 16. Effective date of present Pay scale, and grade pay/GP:

 17. Name of the present employer, with address:

 PIN:

 PIN:

18. Any other information:

19. Declaration:

I hereby declare that I have carefully read and understood the instructions and regulations referred here in and that all the statements made in this application are true and complete to the best of my knowledge and belief. I understand that the competent authority can take appropriate action against me in case any of the information is found to be incorrect at any stage.

Date: Signature of the applicant: