## Administration of U.T. of Dadra & Nagar Haveli (Directorate of Education) Silvassa - 396230

## APPLICATION FOR ENGAGEMENT AS GUEST FACULTY POST GRADUATE TEACHER (PGT)

	SUBJECT:		MEDIUM:_		
					Paste duly attested recent passport size Photograph
1. Name	in full (in block letters)	:			
2. Fathe	r's/Husband's Name	:			
3. (a) D	ate of Birth (In Figures)	:	Date	Month	Year
(b) D	Pate of Birth (In Words)	:			
4. Marit	al Status	:	Married /	Unmarried.	
5. Sex		:	Male / Fe	male	
6. Natio	nality	:			
7. Religi	on	:			
8. Categ	ory	:	SC / ST /	OBC	
9. Domi	cile	:	Yes/No		
10. Emplo	oyment Registration	:			
No. of 1	ONH & Date, if any				
11. Addre	ess for Correspondence (in 1	block let	tters with Pin	Code, Fax No,	Email) :
Tel. No/N	Mobile No.:				
12. Perma	anent Address (in block lett	ers with	Pin Code, Fa	x No, Email) :	
Tel. No/1	Mobile No				

13. Education Qualifications (please attached proof):

Qualification	Year of Passing	Institution	Board / University	% Marks	Division	Main Subjects
S.S.C. (X)			-			
H.S.C. (XII)						
Post Graduation						
(M.A/M.Com/M.Sc)						
B.Ed.						
ICT Qualification						
Any other please specify						

ICT Q	ualification							
5	ther please pecify							
14. 				One year) if any and Signature		rtificate iss	aed by the	
15. —	Any other info	ormation y	you may like	to add:				
16.	Extra Curricu	lar Activit	ies :					
(NOTE	Recognition Post Gradu	Letter, Sc ation D	hool Leavin Jegree Certij	copy of all the g Certificate, I ficate, Passing ate (if applical	Matricula g Certific	tion Certifi	icate, Gradua	ıte,
1.	knowledge a found that a liable to be to	nd belief nny mater erminated	ove informat and nothing ial informat without any	tion is correct has been concion, concealed y notice. The en	ealed/ di /distorted ngagemen	storted. If a	nt any time, it gement shall	t is be
Place:-								
Date: -				SIGN	ATURE O	F THE CA	NDIDATE	
			FOR OFF	ICE USE ONL	<u>Y</u>			
The	e candidate is e	eligible/no	ot eligible.					
Rol	ll No. :			Che	ecked By:			
Rei	marks:-							

## Administration of U.T. of Dadra & Nagar Haveli (Directorate of Education) Silvassa - 396230

## APPLICATION FOR ENGAGEMENT AS GUEST FACULTY TRAINED GRADUATE TEACHER (TGT) IN

	SUBJECT:				
					Paste duly attested recent passport size Photograph
1.	Name in full (in block letters)	:			
2.	Father's/Husband's Name	:			
3.	(a) Date of Birth (In Figures)	:	Date	Month	Year
	(b) Date of Birth (In Words)	:			
4.	Marital Status	:	Married ,	/ Unmarried.	
5.	Sex	:	Male / Fe	emale	
6.	Nationality	:			
7.	Religion	:			
8.	Category	:	SC / ST /	OBC	
9.	Domicile	:	Yes/No		
10.	Employment Registration	:			
I	No. of DNH & Date, if any				
11.	Address for Correspondence (in b	olock let	tters with Pin	Code, Fax No,	Email) :
_					
_					
Tel	l. No/Mobile No.:				
12.	Permanent Address (in block lette	ers with	Pin Code, Fa	ax No, Email) :	
	,				
_					
Tel	l. No/Mobile No.				

 $13. \ Education \ Qualifications \ (please \ attached \ proof):$ 

Qualification	Year of Passing	Institution	Board / University	% Marks	Division	Main Subjects
S.S.C. (X)						
H.S.C. (XII)						
Graduation (B.A./B.Sc)						
B.Ed.						
ICT Qualification						
Any other please specify						

ICT Qualification							
Any other please specify							
	itution with	n proper Seal	and Signature.		rtificate issu	ied by the	- -
15. Any other ir	formation y	ou may like	to add:				-
16. Extra Curric	ular Activit	ies :-					-
Post Grad applicable)  1. I certify the knowledge found that liable to be	a Letter, Sc uation D and Experient at the about and belief any mater terminated	hool Leaving legree Certification DEC legree information of thing ial information without any	copy of all the g Certificate, Nate (if applicable LARATION ion is correct has been conceased/y notice. The enary School of D	Aatricular Certificate).  and contealed/ distorted	tion Certifi ate, Caste nplete to t storted. If a	cate, Gradi Certificate he best of t any time, tement shall	mate, e (if my it is ll be
Place:-							
Date: -			SIGNA	ATURE O	F THE CAN	NDIDATE	
		FOR OFFI	CE USE ONLY	<u>′</u>			
The candidate is	s eligible/no	ot eligible.					
Roll No. :			Chec	cked By: _			
Remarks:-							