

Photograph

Sr.No.

ARMY PUBLIC SCHOOL SANGRUR

APPLICATION FORM FOR THE POST OF _____

Name of Applicant (In capital letters)			
Date of Birth (in figures & words)		Gender	
Father's Name		Mother's Name	
Marital Status		Spouse Name & Occupation	
Present Address		Mobile/ Contact Nos.	(i)
			(ii)
Email ID		Languages Known	

Academic & Professional Qualification: (Attach attested photocopies of all documents)

Examination Passed	Board/University	Year of Passing	Percentage of Marks
Senior Secondary			
Graduation			
Post Graduation			
Diploma/Degree in Computer			
Any other			

Experience if any:

Duration	Organization	Designation

<u>Objective:</u> (in less than 50 words)	
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Date:

(Signature)

Form Fee: Rs. 100/-

RECEIPT

Form Sno.		Name of Applicant (In capital letters)	
Date of Form Submission		Applied for the post of	

Principal

Note:- Attach photocopies of all certificates duly attested