APPLICATION FOR THE POST OF ACADEMIC STAFF AIR FORCE SCHOOL, AIR FORCE STN TEZPUR

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Н	usbar	nd's / Father's Name						
Pı	resen	t Address with contact N	o					
E	E-mail	ID	N	larital Status:	Single /Marri	ed		
F	Perma	anent residents Address						
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L	bate o	of Birth:						
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E		Qualification Intermediate/Pre- University/ Senior						
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	SI. No. 1	Qualification Intermediate/Pre- University/ Senior Secondary BA / BSc / B Com	Name of the School/		Year of			
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	SI. No. 1	Qualification Intermediate/Pre- University/ Senior Secondary BA / BSc / B Com MA / M Sc / M Com JBT/ BT/ B Ed/M E d/ NTT/MTT	Name of the School/		Year of			
	SI. No. 1	Qualification Intermediate/Pre- University/ Senior Secondary BA / BSc / B Com MA / M Sc / M Com JBT/ BT/ B Ed/M E d/ NTT/MTT PGDCA / MCA / BE	Name of the School/		Year of			

8.	Details	of	teac	hing	experi	ience:

Name of the School/Institution	No of years		Classes taken	Subject Taught	Others
	From	То			
Total Experience			Year		Months

9.	Any other	information	about yo	our achieveme	ent in t	:he field of:-

Academics	
Research	
Sports	
Cultural Activities	

10. Seminar/Workshop/In-service training attended:-

Seminar/Workshop/ In-service training attended	Duration	Dates	Description

- 11. Certificate to be attached: (i) CTC of date of Birth Certificate.(ii) CTC of Educational Qualification Certificate (iii) CTC of Professional Qualification Certificate (iv) CTC of Experience Certificate.
- (v) PAN Card (vi) Voter Id Card (vii) Aadhar Card (viii) CTC of any others Certificates

12. **Declaration**:

I hereby certify that all statem	ent made and information	n given by me in this	application form	are true
complete and correct to the best of n	ny knowledge and belief.			

Place:	 	· · · · · · · · ·
Date:	 	

Note: Original Certificates are to be brought at the

time of written test/Interview.

APPLICATION FOR THE ADMINISTRATIVE STAFF AIR FORCE SCHOOL, AIR FORCE STN TEZPUR

	(In block letters)				•	port size(photograp	
Husbai	nd's / Father's Name						
Presen	t Address with contact l	No					
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SI. No.	Qualification	Name of the School/ College/University	Subject	Year of Passing	Div	%age	M
1	Intermediate/Pre-			i sisting			
	University/ Senior						
	Secondary						
2	BA / BSc / B Com						
	MA / M Sc / M Com						
3	WA / W OC / W OOM						
	Any Other						
3							
3 7 CCA	Any Other	ourse/Computer Cours	se.				
3 7 CCA		•					

Name of the School/Institution	No of years		Total No of Year		Nature of Work
	From	То			
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T () E '					
Total Experience					
Any other inform	_ ation about y	our achiev	ement in the f	leld of:-	
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Research					
Sports					
Cultural Activities					
Seminar/Workshop	o/In-sorvice t	training att	andod:		
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Seminar/Workshop/ In-s	service	Duration	D	ates	Description
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training attornaba					
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	• •				ce Certificate.(v) CTC of a
` '	ocolorial Qua			or Exponent	
ers Certificates.					
Declaration:					
I hereby certify that a	all statement	made and ir	oformation giver	n hv me in this	s application form are true
nplete and correct to the			•	. Dy IIIO III UIII	o application form are true
וואוסנס מווט טטווסטג נט נוופ	Desi Ul IIIy K	nowieuge al	iu Dellel.		
ce:					
ite:					

Note: Original Certificates are to be brought at the time of written test/Interview.

(Full Signature of the Applicant)