



SAINIK SCHOOL IMPHAL
 Post Box - 21, Imphal East – 795001 (Manipur)
 E-mail: ssimphal@hotmail.com, Website: ssimphal.nic.in
 Fax : 9191730843

Sl.No. _____
 For office use only



APPLICATION FORM

(To be filled clearly and carefully only by the candidate in capital letters only)

Instructions for candidates: *(Please read carefully)*

- (a) Envelope containing application to be marked as “**Application for the Post of Lab Assts (REGULAR)**”
- (b) School Address : **SAINIK SCHOOL IMPHAL, Post Box - 21, Imphal East – 795001 (Manipur)**.
 Applications may also be dropped in the Box placed at School Main Gate (only for local candidates).
- (c) Candidates should compulsorily be in possession of valid ID proof documents (Aadhar Card / Voter ID / PAN / Driving Licence etc) for identification as and when required. Candidates are to carry one additional copy of photograph that is affixed on the application form.
- (d) **Written Test** : The syllabus for written test shall include Physics & Chemistry upto the standard of intermediate and General Knowledge / Current Affairs etc. Successful candidates in written examination will be intimated by e-mail / telephonically to appear for final interview.
- (e) Incomplete applications or those received without DD / beyond the last date will not be entertained.

Date of Birth			Gender	Age as on 01 June 2017		
Day	Month	Year		Years	Months	Days

1. **Candidate’s Name** (keep one box blank between first name, middle name & surname)

2. **Father’s / Husband’s name** (mark “✓ ” tick in the appropriate box)

Father Husband

3. **Details of Fee Paid:-**

DD No.	Date	Name of Bank	Branch

(Candidates should write Name, Post applied for and Mailing Address in capital letters, on the back side of DD)

4. **Candidate’s Address** (in capital letters)

Mob No																			E-mail	

5. **Aadhar No.:**

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6. **Academic Qualification** (Starting from class 10th)
(Give information as applicable. Attach separate sheet if required)

Name of Exam (write complete name of Class / Course passed)	Year of Passing	Aggregate Marks			Subjects Studied	Name of Board / University
		Max Marks	Marks Obtained	% Marks		
Matriculation (Class X)						
Senior Secondary (Class-XII)						
Graduation / Diploma (Name of course)						
Other if any, (Specify)						

7. **Experience** (Attach separate sheet, if required)

Post Held	Name of Institution / Deptt / Ministry	Period of Service		No. of years & months	Salary drawn per month
		From	To		

8. **Achievements in Sports / NCC / Extra Curricular Activities**

DECLARATION TO BE SIGNED BY THE CANDIDATE

I hereby certify and declare that:-

- (a) I have read and understood the contents of the Advertisement.
- (b) All statements made and information given by me in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information or part of it being found false or incorrect before or after the exam / interview or appointment, the school authorities can take action against me and my candidature / appointment shall automatically stand cancelled / terminated.
- (c) I further declare that I fulfill all the conditions of eligibility regarding age, qualifications, etc. prescribed for the post of Lab Asst and the proof for the same has been enclosed, including experience certificates.
- (d) In case my application is not received by the school within the stipulated date due to postal delay or otherwise, school will not be held responsible for such delay.
- (e) I will not lay any claim for refund of non-refundable application fee of Rs. 500/- from the school under any circumstances. I will not claim any TA / DA for attending the tests / interview.

Place : _____

Date : _____

Signature of Candidate