



**EKLAVYA MODEL RESIDENTIAL SCHOOL
LAHUNIPARA
DIST-SUNDARGARH, ODISHA, PIN-770040**

Application Form for Part-Time Guest Teachers / Staff (2026–27)

Application for the Post of: _____

1. Name of the Candidate: _____

2. Gendre: _____ Male/ Female

3. Father's / Husband's Name: _____

4. Date of Birth: _____

5. Aadhar No.: _____

6. PAN No: _____

7. Permanent Address:

8. Present Address:

9. Contact No.: _____

10. E-Mail ID: _____

11. Qualification

| SL NO | EXAM PASSED | BOARD/UNIVERSITY | SUBJECT/ COMBINATION | YEAR OF PASSING | TOTAL MARKS | MARKS OBTAINED | %OF MARKS |
|-------|---|------------------|----------------------|-----------------|-------------|----------------|-----------|
| 1 | Secondary/10 th | | | | | | |
| 2 | Sr. Secondary/10+2 th | | | | | | |
| 3 | Graduation B.A/B.SC/B.com/B. SC Nursing | | | | | | |
| 4 | Post Graduation MA/M.Sc./M. Com/ | | | | | | |
| 4 | Professional Qualification (e.g. B.Ed.) | | | | | | |
| 5 | CTET(P2) | | | | | | |

12. Teaching/Service Experience (If Any)

| NAME OF THE POST | NAME OF THE INSTITUTION | PERIOD | | | REMARKS |
|------------------|-------------------------|--------|----|--------------|---------|
| | | FROM | TO | YEARS/MONTHS | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DECLARATION

I hereby certify that the above particulars furnished by me are true and correct to the best of my knowledge and belief. I understand that if any information is found false or incorrect, my candidature may be cancelled. I also agree to abide by all the rules and regulations of the school.

N.B:

Attach self attested copy of all original documents.

Date: _____

Place: _____

Signature of the Applicant: _____

Remarks:

1) _____

2) _____

Sign. of Verifier: _____

Name & Desig. of Verifier _____