

APPLICATION FORMAT

(Application for the of Lady Matron for..... Hostel/School)

(Mention name of the Hostel/School)

1. Name of the application (As in HSC Certificate) :
2. Name of the Father/ Husband :
3. Permanent Address :
Village/Ward No. : G.P :
Block : District :
4. Present Postal Address for correspondence with PIN code, Phone if any :
Village/Ward No. : G.P :
Block : District :
Contact Number :
5. Nationality :
6. Religion :
7. Date of Birth : Day_____Month_____Year_____ (As recorded in HSC)
8. Age as on 01.01.2024 : Year_____Month_____Day_____
9. Category belong to (ST/SC/SEBC) : _____ Sub-Caste: _____
Copy of the caste certificate to be attachment issued by the competent authority.
10. Residence certificate : Attach copy of the certificate issued within last 6 (Six) months of due date of advertisement.
Attach caste certificate issued by the competent authority.
11. Marital Status (Married) :
12. Whether widow/ divorces/ single women (Please mention) :
13. Essential Educational Qualification :

(Enclose Xerox copies of certificates)

Sl. No.	Name of the Examination Passed	Name of the College/ University	Year of passing	Total Mark of Examination	Mark Secured	% of Mark secure	Remarks
1	2	3	4	5	6	7	8

14. Desirable Qualification

- (a) Hotel Management : Yes/No (if yeas enclose related documents)
- (b) Working knowledge of Computer: Yes/No (if yeas enclose related documents)
- (c) Certificate in Nutrition/Music/Arts/ Co-curricular Activities: Yes/No (if yeas enclose related documents)

N.B: Self-attested certificates to be submitted along with application form for both essential & desirable qualification is mandatory.

DECLARATION

Smt./Miss _____ do hereby declare that all the information furnished above are true, complete and correct to the best of my knowledge and belief. In the event of any information found false or incorrect at any stage before or after engagement, candidature / selection/ engagement is liable to be summarily cancelled without notice to me, to any other punitive action without prejudice that may be taken against me.

Place:

Date:

Signature of the Applicant