U.T. ADMINISTRATION OF DAMAN & DIU DIRECTORATE OF EDUCATION, DAMAN & DIU

(For Office Use)	1
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Note: Candidates invigilator a	s are advised to at examination														
(i) ROLL No.															
		(If found eli	gible as pe	r the list)											
(ii) Post applie	d for Assista	nt Teacher	/ Grade	e-I Teach	er:_										
(iii) Subject opt	ed for:					-									
1. Candidate's	Name (in CA	NPITAL LE	TTERS)											
				,	<u> </u>	'			.						
2. Father's/Hu	isband's Nar	ne (ın capı	tal lette	S) [Please	tick (✓) in app	oropri	ate b	ox]: Fa	ather		H	usbai	nd	
3. Date of Birt					Ge	nder (N	/lale/	Fen	nale)					_	
	Day	Month	Ye	ar											
4. Whether be	elong to GEN	(UR) / SC	:/ST/0	OBC cate	gory	:						-			
5. Domicile [P	5. Domicile [Please tick (✓) in appropriate box]: Daman Diu Diu Other														
6. Whether be	6. Whether belong to Physical Handicapped category (Yes / No) :														
7. Correspondence Address (in CAPITAL LETTERS in English)															
Address:															
	District :														
State : Pin Code :															
Tel./Mobile No.: e-mail :															
8. Academic C Name of	Qualifications Exam	(starting f		aduate) : rd/Univers	sitv	%age	Δ			Suk	jects				
Examination	Passed	of Year	Воа		ысу	70ag(Out	усск				
Graduate i.e. (BA / B.Com /															
B.Sc. etc.)															
Post Graduate i.e.															

(MA / M.Com / M.Sc. etc.)

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9.	Professional	Qualifications
J.	i iulessiuliai	Qualifications

Name of Examination	Exam Passed	Passing of Year	University	%age	Subjects
Lxammation	i asseu	Oi Teal			
B.Ed.					
JBT / B.El.Ed					
M.Ed. / Phd. /					
M.Phil etc.					

10. Teaching Experience (attach separate sheet, if column are insufficient):								
Name of	Whether Central			No. of	Name of Duties			
			T					
mstitution		From	То					
	Un-recognized							
	(if applicable)							
11. Other details, if required:								
	Name of School/ Institution	Name of School/ Institution Whether Central Govt./State Govt./Autonomous Body/Recognized/ Un-recognized (if applicable)	Name of School/ Institution	Name of School/ Govt./State Govt./Autonomous Body/Recognized/ Un-recognized (if applicable)	Name of School/ Institution			

DECLARATION TO BE SIGNED BY THE CANDIDATE					
I hereby certify and declare that :					
All statement made and information given by me in this application are true, comp my knowledge and belief. In the event of any information or part of it being found for the examination/interview or appointment, action can be taken against me by Daman and my candidature/appointment shall automatically stand cancelled/repatric	alse or incorrect before or after the Directorate of Education,				
DATE :					
PLACE :	Signature of Candidate				