

c/44

U.T. ADMINISTRATION OF
DADRA AND NAGAR HAVELI AND DAMAN AND DIU
DIRECTORATE OF EDUCATION
SAMAGRA SHIKSHA

Application for the Post of:

Preschool Teacher : ☐

Caretaker/Helper(Female): ☐

Applied for : DNH ☐ Daman ☐ Diu ☐

Paste self-
attested recent
passport size
Photograph

Priority(As per Annexure-I/II): 1. _____, 2. _____, 3. _____

1.	Applicant's Name						
2.	Father's Name						
3.	Residential Address						
4.	Mobile No.						
5.	Email Id						
6.	Date of Birth						
7.	Age as on last date of application	Years		Months		Days	
(Tick ✓ in the below boxes as applicable)							
8.	Gender	Male		Female			
9.	Caste category (Whether SC/ST/OBC)	SC		ST		OBC	
10.	Whether belongs to Physically Handicapped category or other Special Category	Yes		No			
11.	Marital Status	Married		Unmarried			
12.	Domicile of DNH/Daman/Diu	Yes		No			
13.	Medium of Study in SSC (X th)						
14.	Education Qualification						

Sr. No.	Qualification	Board/ University	Year of Passing	Mark Obtained out of Total Marks	Percentage
1.				/	
2.				/	
3.				/	
4.				/	
5.				/	
6.				/	
7.				/	
8.				/	

15.	Experience :				
Sr. No.	Name of the Organization/Department	Post held	Worked		Brief of service
			From	To	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
16.	Any other achievements with respect to the applied post:-				

DECLARATION

I, hereby declare that, I fulfill all the conditions for the engagement to the applied post. I am also aware that the post for which I have applied is contractual in nature and does not have any right for regularization in future in any case.

I declare that, all statements made in this application form are true, complete and correct to the best of my knowledge and belief. I understand that, in the event of any information being found suppressed/false or incorrect or ineligibility being detected before or after the examination, my candidature/engagement is liable to be cancelled.

Dated:-

Place:-

SIGNATURE OF THE CANDIDATE

FOR OFFICE USE ONLY

The candidate is eligible/not eligible.

Application No. : _____

Checked By: _____

Remarks:-