



Affix
Self-attested
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passport size
photograph

Full Name	Initials
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(Member of the screening Committee)

Before filling this form, please read the instructions carefully.

All entries should be made in CAPITAL LETTERS (except e-mail id)

(Dr. ☐ / Shri ☐ / Smt. ☐ / Ms. ☐)
(Please mark (✓) tick in the appropriate box)

(*Please keep one box blank between first name, middle name & surname)

(Father ☐ / Husband ☐
(Please mark (✓) tick in the appropriate box)

(*Please keep one box blank between first name, middle name & surname)

Signature of candidate:

3. Candidate's Address for correspondence (in capital letters)

City																			
State												Pin Code							

4. Contact No. / Mobile No. /e-mail id:

Telephone No. with STD code																			
Mobile No.																			
E-mail id																			

5. Academic/Teaching Qualification (attach photocopies of the mark statements of all the semesters/years and underline/ highlight the main subject(s) studied during the course). (Attach separate sheet if columns are insufficient)

Name of Qualification	Examination Passed (write complete name of the course)	Year of Passing	Aggregate			Subject(s) offered	Percentage in subject/ combination of subjects	Duration of Course (in months)	Board/ University/ Institution
			Max. Marks	Marks obtained*	percentage of marks				
Class X									
Class XII									
Graduation / Diploma									
Post Graduation									
Ph.D.									
Others, if any									

(* Please write equivalent percentage obtained by converting CGPA into percentage in accordance with the method of conversion of corresponding university/institution's norms)

Signature of candidate: _____

Name of Qualification	Examination Passed (write complete name of the course)	Year of Passing	Aggregate			Subject(s) offered	Percentage in subject/ combination of subjects	Duration of Course (in months)	Board/ University/ Institution
			Max. Marks	Marks Obtained*	percentage of marks				
JBT/ B.El.Ed/ E.C.C.Ed./ NST/PPTT									
B.Ed.									
CTET									
M.Ed. / M.Phil.									
Others, if any									

(* Please write equivalent percentage obtained by converting CGPA into percentage in accordance with the method of conversion of corresponding university/institution's norms)

6. Candidates applying for the post in PGT and TGT categories must have studied subject/ subject combinations as per essential qualifications at Post-Graduation/Graduation level. The details of subject/subject combinations studied and semester-wise/ year-wise percentage of marks obtained must be filled in following columns. In case the details are not provided, the application will be summarily rejected. (Attach separate sheet if candidate has studied in semester system)

Post applied for	Course of Study	1 st Year		2 nd Year		3 rd Year		Total Marks obtained (all years together)	Max. Marks allowed (all years together)
		Subject(s) studied	Percentage of marks obtained	Subject(s) studied	Percentage of marks obtained	Subject(s) studied	Percentage of marks obtained		

7. Details of Fees paid:

Demand Draft No.	Date of issue	Name of the Bank & Branch	Amount (₹)

Signature of candidate: _____

8. Are you able to teach in Hindi?

Yes ☐ / No ☐

(Please mark (✓) tick in the appropriate box)

9. Do you have working knowledge of computer?

Yes ☐ / No ☐

(Please mark (✓) tick in the appropriate box)

10. Teaching Experience (attach separate sheet, if columns are insufficient)

Post Held	Name of the Institution/ Department	Whether Central Govt. /State Govt./ Autonomous Body/ Public Sector/ Recognized/Unrecognized (if applicable)	Period of Service		No. of completed years & months	Nature of Duties	Scale of pay and salary drawn per month
			From	To			

Note for Column 5 & 6:

1. If code/numerical are indicated in the mark sheet in place of subject(s) studied, please attach necessary details for such decodification.
2. If grades are given in lieu of marks, attach the gradation list issued by the concerned Board/University/Institution explaining the method of conversion.

Signature of candidate: _____

I hereby certify and declare that:

- i) I have read the provisions given in the advertisement.
- ii) All statements made and information given by me in this application is 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 examination/skill test or appointment, action can be taken against me by the AEES and my candidature/ appointment shall automatically stand cancelled/ terminated.

- iii) I further declare that I fulfill all the conditions of eligibility regarding age, educational/ professional/teaching qualifications, etc. prescribed for the post applied for as on 17/02/2017. The essential qualifications prescribed are possessed by me, the proof of which has been enclosed.
- iv) In case my application is not received by AEES within the stipulated date due to postal delay or otherwise, AEES will not be responsible for such delay.
- v) I will not lay any claim for refund of non-refundable application fee from AEES under any circumstances.

Place: _____

Date : _____

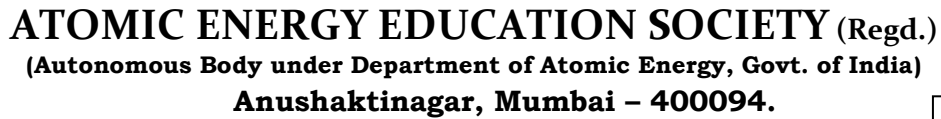
Signature of candidate

Check List: (Self attested copies of the following) (Please mark (✓) tick in the appropriate box)

1. Date of Birth proof (Class X Certificate)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Passing Certificates from Class X to Graduation/Post Graduation	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. (Semester/Year) wise marksheets from Class X to Graduation / Post Graduation	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Passing certificate of teaching qualification viz. JBT/D.Ed./B.El.Ed./ECC.Ed./NST/PPTT/B.Ed./B.A.Ed./B.Sc.Ed./M.Ed./M.A.Ed./M.Sc.Ed. alongwith the (Semester/Year) wise marks statement	Yes <input type="checkbox"/> No <input type="checkbox"/> NA* <input type="checkbox"/>
5. Passing Certificate of CTET along with the marks statement	Yes <input type="checkbox"/> No <input type="checkbox"/> NA* <input type="checkbox"/>
6. Documentary proof of Experience (Teaching/Non-Teaching)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA* <input type="checkbox"/>
7. Demand Draft towards fees	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. SC/ST Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/> NA* <input type="checkbox"/>
9. Latest OBC Certificate (Non-Creamy Layer)	Yes <input type="checkbox"/> No <input type="checkbox"/> NA* <input type="checkbox"/>
10. PWD Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/> NA* <input type="checkbox"/>
11. Supporting documents issued by Board/University/ Institution for decodification of code mentioned in marks statement and Gradation list if grades awarded in marksheets	Yes <input type="checkbox"/> No <input type="checkbox"/> NA* <input type="checkbox"/>

(*NA : Not applicable)

Signature of candidate: _____



ADMIT CARD

**Affix
Self-attested
recent passport
size photograph**

Post Code:

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 Centre opted for: _____ Centre Code:

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City											Pin Code								

(Signature of the candidate)

----- (For Office Use only) -----

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