

R. S. M. PUBLIC SCHOOL, SUPAUL

FORMAT OF BIODATA -CUM- APPLICATION FORM

Sl. No.:- (OFFICE USE)

Photograph

POST APPLIED FOR: -

NAME: -

FATHER'S/HUSBAND'S NAME: -

DATE OF BIRTH: - / / AGE (as on 15.02.2022):-years.....months.....days

NATIONALITY: - SEX: -

PERMANENT ADDRESS: -

CORRESPONDENCE ADDRESS:-

CONTACT No.:-

ACADEMIC QUALIFICATIONS:-

Exam Passed	Board/University	Year of Passing	Subjects	Division	Full Marks	Mark obtained	%

PROFESSIONAL QUALIFICATION: -

TEACHING EXPERIENCE (IF ANY):-

ENCLOSURE:-

PLACE:-

DATE:-

SIGNATURE OF CANDIDATE