

Post graduation (Name of the Course)

Others if any (Specify)

Ekalavya Model Residential School, Kalamati

(Supported by Govt. of Odisha ST/SC Dev. Dept.)

Email id: - emrstileibani2019@gmail.com

UDISE CODE-21040301703 Affiliation code-1520420

School code- 17529

District- Deogarh

State-Odisha

Pin- 768108

APPLICATION FORM FOR GUEST FACILITY

| IMPOTANT NOTES: | 2. On form | should b | be made in c e used for on ted copies of | e Past | | h form | | |
|--|-----------------|-------------------|--|----------------------------------|--|------------|-------------------------------------|------------------|
| 1. POSTAPPLIED FOR | | | | 2. 50 | JBJECTAPPL | IEDFOR | | |
| Please indicate whether | PGT/TGT/TG | IT PET Male | in the box | In ca | se of PGT/TG | r | | |
| Candidate's Name (In a | capital letters |) please ke | sep one box blar | ik between i | First name, Mid | dle Name & | Last name) | |
| | | | | | | | 10000 | |
| 4. Father's/Husband's (Please keep one box | Name (In o | apital lette | er) Hiddle Name & La | st name) | Father | | Hust | and |
| | | | | | | | | |
| 5. Date of Birth | DAY | MONTH | YEAR | | | 6. Gender | М | F |
| 7. Age as on 31.03.2025 | Y | nee | Month | De | ys . | 1 | _ | |
| a. Name b. Father's/ Husband c. Address d. City/ Town e. Mobile No. f. Email.ID g. Pin | f's Name | | | | | | ease affix on Photograp | h here |
| Academic Qualifica Information as applica | | | | | | | signature of | Candidates |
| Name of Exemination | Year of passing | Name of Degree | | ggregate Ma Marks Obtained | A CONTRACTOR OF THE PARTY OF TH | Subjects | Duration of Course (in month) | Board/University |
| High School (Class X) | | | | | | | | |
| intermediate (ClassXII) | | | | | | | | |
| (Name of the Course) | | | | | | | | |

| Name of Examination | | Write name | Year of | | Aggregate Ma | rles- | 233517 | Duration of Course (in month) | Board/Universi |
|---|--|--|---|--|---------------------------------------|---------------------------|--------------------------|-------------------------------------|--|
| | | Examination passed | passing | Max.Marks | Marks Obtained | Percentage of Marks | Subjects | | |
| WEIL | (CPRO) | | | | | | | | |
| cn | ET. | | | | | | | | |
| 11. Experie | nce (Atta | ch separat | e sheet. | if column | s are insu | fficient) | | | |
| Post held | Marso | | riod of Ser | Vice No To Com Yea | of pieted | Class tought | Subjects Taught | Scale | e of pay and Salary Per month |
| | | | | | | | | | |
| | ave know | ach through ledge of co andatory) | | | both? (For t | teaching Po | No No | Yes | No |
| | rtify that a | | and a st | | ERTAKIN | 65 Income - 100 | | WANTED AND | |
| attached se eligibility do any informa Place: | lf-attested es not co | copies of n | ny testimo be called | onials in su I for intervi | pport of the ew/ selection. | entries ma on. My cand | ade above. | I also agree | dge. I have e that mere lled in case |
| attached se eligibility do any informa | lf-attested es not co | f copies of n rifer right to | ny testimo o be called correct or | onials in su I for intervi n verificatio | pport of the ew/ selection, Sig | entries ma | ade above, didature m | I also agree ay be cance | e that mere illed in case |
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| ettached se eligibility do any informa Place: Date: | If-attested les not co lition is fou GIBLE OR | d copies of in infer right to and to be in | ny testimo o be called correct or FC BLE: | onials in su I for intervi n verificatio | pport of the ew/ selection, Sig | entries ma on. My cand | ade above, didature m | I also agree ay be cance | e that mere illed in case |