

HIMACHAL PRADESH BOARD OF SCHOOL EDUCATION DHARAMSHALA-176213
APPLICATION FORM FOR THE APPOINTMENT OF Flying Squad FOR THE CONDUCT
OF EXAMINATION HELD
 IN _____
"BIO-DATA"

1. **Name of Sub Division** _____
2. **Name** _____
3. **Designation (i.e. Lecturer/TGT/C&V):** _____
4. **Name of the present School** _____
 Distt. _____ Pin Code No _____
 Telephone No.(with Code) _____ Mobile No. _____
5. **Permanent Home Address** _____

6. **Date of Birth** _____
- | | | |
|--|------------------------------------|----------------------------|
| 7. Date of Regular appointment & Teaching experience as Lect./TGT/C & V may be show separately. | Date of Regular Appointment | Teaching Experience |
| 1. As Lecturer : _____ | _____ | _____ |
| 2. As TGT: _____ | _____ | _____ |
| + | | |
| 3. As C & V _____ | _____ | _____ |
| Total Experience : _____ | _____ | _____ |

8. **Whether you have performed the duty of Flying Squad in the Previous year, if so, mention the Name of area/Sub Division.** _____

9. **If any of your relative is appearing or not then indicate relationship and name of examination and centre.**

10. **Centre of Examination, where the candidates of your school appearing.**

11. **Personal Account NO . Name of Bank..... IFSC Code.....**

I hereby certified that all the information filled by me in my bio data are correct and best of my knowledge. If any information found false and incorrect, I will be fully responsible .

COUNTERSIGNED
 Principal/Headmaster
 (with official stamp)

Full Signature of the Applicant
 Dated _____

(This form will be accepted when it shall be counter signed by DDO/Controlling Officer only with school stamp showing DDO No.)

For Office use only:
