

ID NO. _____

ADVERTISEMENT NO 02/2010 SECTION D FORM 01

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APPLICATION FORM FOR THE POST OF PGT / TGT /

ASSISTANT TEACHER (NURSERY)

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
DELHI SUBORDINATE SERVICES SELECTION BOARD

(To be filled in by the candidate with Ball Point Pen in his/her own handwriting after carefully reading the instructions as laid down in the advertisement. Applications which are Incomplete/ unsigned / without Left Thumb ink Impression (LTI) will be summarily rejected)

(Note: Candidate can apply for one subject/post code only of PGT & TGT each)

POST CODE: _____ / **1 0**

1. POST NAME _____

2. CANDIDATE NAME IN HINDI _____

3. CANDIDATE NAME IN ENGLISH
Sh/Km/Mrs _____

5. FATHER/HUSBAND'S NAME IN ENGLISH _____

6. ADDRESS (Write in capital letters only) FOR COMMUNICATION

PIN CODE _____

7. DATE OF BIRTH (a) (In figures)
DAY MONTH YEAR

(b) In words _____

(c) AGE AS ON CLOSING DATE : _____ YEAR _____ MONTH _____ DAYS _____

SIGNATURE OF CANDIDATE

LEFT THUMB INK IMPRESSION OF CANDIDATE

4. CATEGORY/COMMUNITY (TICK MARK '✓' applicable IN BOX)		
UR		
SC	Delhi	Other State
ST	Delhi	Other State
OBC	Delhi	Other State
VISUALLY HANDICAPPED		%
HEARING HANDICAPPED		%
ORTHO HANDICAPPED		%
EXSM		
GOVT. EMPLOYEE		
DEPTT. EMPLOYEE		
SPORTS PERSON		
WIDOW/DIVORCE		

8. SEX	
M	
F	

9. MARITAL STATUS	
M	
U	

10. INDIAN POSTAL ORDER DETAILS

I.P.O. NUMBER	DATE OF ISSUE	NAME OF ISSUING POST OFFICE	AMOUNT (IN RS.)

11. (a) EDUCATIONAL AND PROFESSIONAL QUALIFICATION POSSESS AS ON 30/07/2010 (Attach duly attested copies of certificates as proof)

SL. No.	EXAMINATION PASSED	NAME OF BOARD/ UNIVERSITY	DURATION (in number of years)	MONTH AND YEAR OF PASSING	% OF MARKS OBTAINED	SUBJECTS

(a) DO YOU POSSESS THE ESSENTIAL QUALIFICATION AND EXPERIENCE AS ON CLOSING DATE OF RECEIPT OF APPLICATION (TICK MARK '✓' IN THE BOX)

YES NO

12. DETAILS OF EMPLOYMENT, STARTING FROM THE MOST RECENT

NAME OF ORGANISATION	POST HELD	FROM	TO	TOTAL (YEARS, MONTHS)	SCALE OF PAY	TOTAL MONTHLY EMOLUMENTS	ADHOC/TEMP/ PERMANENT	NATURE OF DUTIES

PLACE: _____

DATE : _____

(SIGNATURE OF THE CANDIDATE)
Name: _____

CONTINUED.....

PART -II

1 (a) HAVE YOU APPLIED, PREVIOUSLY, FOR ANY POST TO THE DSSSB (TICK MARK '✓' IN THE BOX) YES NO

(b) IF YES, PLEASE MENTION DETAILS THEREOF
 POST CODE ROLL NO.
 POST CODE ROLL NO.

2. (a) WHETHER DEBARRED IN ANY EARLIER EXAMINATION BY DSSSB OR ANY RECRUITING BOARD? (TICK MARK '✓' IN BOX) YES NO

(b) IF YES, GIVE DETAILS -(I) POST CODE, (II) ROLL NUMBER, (III) DATE OF DEBARMENT, (IV) PERIOD FOR WHICH DEBARRED

3. PLACE OF BIRTH

VILL.	DISTT.	STATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. NATIONALITY

5. DETAILS OF EXSM /SPORTSPERSON/WIDOW/DIVORSEE/JUDICIALLY SEPERATED WOMEN

(a) (If you are Ex-servicemen, Please specify your)
 (i) Date of appointment in Armed Force: _____ (iii) Length of service in Armed Force: _____
 (ii) Date of Discharge from service : _____ (iv) Your last unit/council along with rank: _____
 Note EXSM candidate should invariable enclose certificate and undertaking as prescribed in Annexure 2 & 3 of GOI DOPT OM No 36034/2/91-Estt (SCT) dated 03/04/91
 (b) Particular(s) in case of Sportsperson/Widow/Divorcee/ judicially separated women (Strike off whichever is not applicable)

6.(a) OPTION FOR MEDIUM OF LANGUAGE IN DESCRIPTIVE EXAM(PART-II) : English/Hindi (Strike off whichever is not applicable)

(b) OPTION FOR MEDIUM OF SKILL TEST (If Applicable) : English/Hindi (Strike off whichever is not applicable)

7. (a) WHETHER GOVERNMENT EMPLOYEE HOLDING CIVIL POST (TICK MARK '✓' IN THE BOX) YES NO

(b) IF YES, SINCE WHEN DATE MONTH YEAR

8. IF PHYSICALLY CHALLENGED, PLEASE INDICATE WHETHER SCRIBE IS REQUIRED AT THE EXAMINATION CENTRE. (TICK MARK '✓' IN THE BOX) YES NO

9. LIST OF DOCUMENTS ATTACHED WITH THE APPLICATION FORM (ONLY DULY ATTESTED COPIES OF RELEVANT DOCUMENTS/ CERTIFICATES).

- | | |
|------------|-------------|
| i) _____ | v) _____ |
| ii) _____ | vi) _____ |
| iii) _____ | vii) _____ |
| iv) _____ | viii) _____ |

10. DECLARATION:

- (a) I hereby certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief and have been filled in **my own handwriting**.
- (b) I also declare that I have submitted only one application for one post code in response to this advertisement.
- (c) I have read all the provisions mentioned in the advertisement/notice of examination carefully as published in the Employment News and I hereby undertake to abide by them.
- (d) I also declared that as per the terms and condition of advertisement I am eligible for the post, and have acquired all educational/professional qualification and experience as on cut off date.
- (e) I have also enclosed duly attested and legible copies of all the relevant documents/certificates.
- (f) I understand that in the event of information being found false or detected incorrect or incomplete at any stage prescribed in the notice or any ineligibility being detected before or after the examination, my candidature/selection/appointment is liable to be cancelled/terminated automatically without any notice to me and action can be taken against me by the DSSSB.
- (g) The information submitted herein shall be treated as final in respect of my candidature for the post applied-for through this application form.
- (h) I also declare that I have informed my Head of Office/Department in writing that I am applying for this post/exam (for GOVERNMENT employees only).

PLACE: _____

DATE : _____ (SIGNATURE OF THE CANDIDATE)

NAME _____

NOTE: ALL THE SIGNATURES ON THE APPLICATION FORM SHOULD BE IN RUNNING SCRIPT (NOT IN BLOCK LETTERS) AND IN THE SAME LANGUAGE AND STYLE.