

DELHI PUBLIC SCHOOL DHALIGAON
APPLICATION FORM
FOR AAYAS & ATTENDANTS (CONTRACTUAL)

NAME.....

FATHER/GUARDIAN'S NAME :.....

ADDRESS.....

.....Aadhaar No.....

CONTACT NO..... E- mail Id.....

DATE OF BIRTH.....

AGE AS ON 01.04.25.....

EDUCATIONAL QUALIFICATION:

| Sl.No. | Name of Examination | Board/University | Subjects | Percentage | Year of passing |
|--------|---------------------|------------------|----------|------------|-----------------|
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PROFESSIONAL EXPERIENCE (If any) :

| Sl.No. | Name of the post held | Name of Institution | Duration | Total No. of years |
|--------|-----------------------|---------------------|----------|--------------------|
| | | | | |
| | | | | |

DECLARATION

I,.....declare that all the information provided above are true to the best of my knowledge and belief.

Sign :.....

Name :.....

Date :.....

Please paste your
photograph here