

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

NAME.....

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

ADDRESS.....

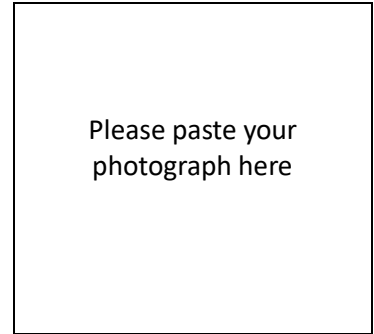
.....Aadhaar No.....

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

DATE OF BIRTH.....

**AGE AS ON 01.04.24**.....

**EDUCATIONAL QUALIFICATION:**



Sl.No.	Name of Examination	Board/University	Subjects	Percentage	Year of passing

**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 :.....