



GOVERNMENT OF SIKKIM
EDUCATION DEPARTMENT
GANGTOK – 737 101, SIKKIM

Affix your recent
passport size
photograph duly
signed by the
candidate.

Do not pin or
staple
1 Extra Photo

APPLICATION FORM

(Write in CAPITAL letters only)

ROLL NO. :

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(For Office use only)

Recruitment year:

2	0	2	1
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Post applied for:

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For ASSISTANT PROFESSOR IN VARIOUS SUBJECTS

1. Name of the Applicant as in the Certificate of Class – X Board Examination.

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2. Father's Name

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3. If Married; Husband's Name

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4. Gender

Male

Female

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5. Date of Birth & Age :

Date

Month

Year

Age

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5. Address for Communication (do not repeat name)

City

--	--	--	--	--	--	--	--	--	--

District

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Pin Code:

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Contact No. : Phone:

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Mobile:

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6. (a) Community : (✓ Tick) : Gen

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OBC

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ST

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SC

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MBC

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(b) Whether persons with disability: Blindness & Low vision

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Hearing impaired

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Locomotor disability & Cerebral Palsy.

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7. Sikkim Subject/Certificate of Identification No. :

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8. Educational Qualification :

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Details of Educational Qualifications (from X Standard onwards)

Sl. No.	Name of the Qualifying Exam	Month & Year of Passing	Name of the School/college studied	Name of the Board/ University	% obtained

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9. Permanent place of residence :

Town

District

Details of documents to be submitted.

Sl. No.	Particulars of Certificates submitted	Certificate Sl. No.	(✓ Tick) mark
1	Class X Mark sheet		
2	Class X Pass Certificate		
3	Class XII Mark Sheet		
4	Class XII Pass Certificate		
5	Marksheet of Graduation		
6	Graduation Certificate		
7	Marksheet of Post Graduation		
8	Certificate of Post Graduation		
9	Marksheet of M.Phil		
10	Certificate of M. Phil		
11	Certificate of NET/SLET		
12	Award Certificate of Ph.D		
13	OBC/MBC/ST/SC Certificate		
14	Sikkim Subject/Certificate of Identification		
15	Incase persons with disability, please submit certificate of (a) Blindness & Low Vision : (b) Locomotor disability & Cerebral Palsy :		

DECLARATION

I hereby declare that, the information furnished above are true and correct to the best of my knowledge and belief. In case any information furnished is found incorrect, at any stage my candidature may be rejected.

Signature of the Applicant

Place :

Date :

**Received by:
Name & Designation**



ADMIT CARD

Assistant Professor in

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ROLL NO.:

Name : _____

Father's/Husband's Name : _____

Date of Interview : _____

Time : _____

Venue : _____

Subject : _____

Applicants signature

Authorized signatory