U.T. ADMINISTRATION OF DAMAN & DIU DIRECTORATE OF EDUCATION, DAMAN & DIU

Note: Candidates are advised to fill all	the particulars as application and submitted to the office of Daman or to the
	Fill the form neatly with CAPITAL LETTERS in English language only.

(i)	ROLL No.																						
				(If	found	eligib	le as	per tl	he list)													
(ii)	Post applied for	^r Ass	sista			•				,	er:												
• •	Subject opted for																						
()												-											
1.	Candidate's Nam	ne (ii	n CA	PIT	AL I	ETT	ER	S)															
2.	Father's/Husba	nd's	Nan	ne (i	n ca	pital	lett	ers)) [Ple	ase	tick (✔)i	n app	oropr	iate I	cox]:	Fath	ner		Н	usba	nd	
3	Date of Birth:			/		1					Ge	nd	er (N	/lale	/Fei	nale	_)						
0.	Bate of Birth !		ay		onth	_'		Year		_	ac			naio	/1 01	nai	., _						
4.	Whether belong	n to (GEN	(UF	3)/(SC /	ST	/ OE	3C c	ateo	vror	:											
	-	-										_								_			
5.	Domicile [Pleas	e tic	:k (√) in	app	ropr	iate	bo>	<]:	Dar	nan			[Diu			C	Othe	er			
6.	Whether belong	ı to F	⊃hys	ical	Har	Idica	ppe	ed (cate	gor∖	/ (Ye	es /	No)	:									
		•	,				•••						,										
7.	Correspondenc	e Ac	dres	ss (ir	ו CA	PITAL	LE	TTEF	RS in	Eng	glish))											
	Address :																						
							Dis	stric	t :_														
	State :						Pir	ı Co	de :														
	Tel./Mobile No.:					e-m	ail :																
_		<i>.</i>					~			、													

8. Academic Qualifications (starting from Graduate) :

Name of	Exam	Passing	Board/University	%age	Subjects
Examination Graduate i.e. (BA / B.Com /	Passed	of Year			
B.Sc. etc.) Post Graduate i.e.					
(MA / M.Com / M.Sc. etc.)					

Contd. from pre page :

9. Professional Qualifications

Name of	Exam	Passing	University	%age	Subjects						
Examination	Passed	of Year	2	Ŭ							
Examination	1 40004	01 1041									
B.Ed.											
D.LU.											
JBT / B.EI.Ed											
obi / biened											
M.Ed. / Phd. /											
M.Phil etc.											
10111 1111 010.											

10. Teaching Experience (attach separate sheet, if column are insufficient) :

Post Held	Name of School/	Whether Central Govt./State	Period of Service		No. of completed	Name of Duties
	Institution	Govt./Autonomous Body/Recognized/ Un-recognized (if applicable)	From	То	years & months	

11. Other details, if required :

DECLARATION TO BE SIGNED BY THE CANDIDATE

I hereby certify and declare that :

All statement made and information given by me in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information or part of it being found false or incorrect before or after the examination/interview or appointment, action can be taken against me by the Directorate of Education, Daman and my candidature/appointment shall automatically stand cancelled/repatriated/terminated.

DATE :_____

PLACE :_____

Signature of Candidate