Serial No:



NAVY CHILDREN SCHOOL, PORT BLAIR APPLICATION FORM

Full Name: Mr./Mr	s./Miss						
Date of Birth: (Enclose proof)	D D	 M M	Y		Age (Yrs.)		Paste here ye
, ,							recent passp size
Present Address:							photograp
Mobile No *:							
Telephone no. witl							
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Aadhaar No.*							
Details of Language	nes known	:					
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S. No. (a)		age		ad	Write	Speak	
S. No. (a) (b)	Langua	age				Speak	
S. No. (a) (b) (c)	Langu	age					
S. No. (a) (b) (c) (a) Father's / Hust	Langua Dand's Nar	age me:					
S. No. (a) (b) (c)	Langua Dand's Nar	age me:					
S. No. (a) (b) (c) (a) Father's / Hust	Langua Dand's Nan	age ne:					
S. No. (a) (b) (c) (a) Father's / Husk	Langua Dand's Nan	age ne:					
S. No. (a) (b) (c) (a) Father's / Hust (b) Occupation : (c) Office Address	Langua Dand's Nar	ne:					
S. No. (a) (b) (c) (a) Father's / Husk	Langua Dand's Nar	ne:					
S. No. (a) (b) (c) (a) Father's / Hust (b) Occupation : (c) Office Address	Langua Dand's Nar & Tele No	ne:	lian) * :				
S. No. (a) (b) (c) (a) Father's / Hust (b) Occupation : (c) Office Address Category (Navy / A	Langua Dand's Nar & Tele No Army/ IAF /	ne:	lian) * :	MA, E			Medium

9. Details of requisite Professional Qualification (Viz. B.Ed., Dip in Lib Sc, etc)*:-

Name of Degree / Certificate	Marks (%) Obtained	Class / Division	Name and Place of School / College	Name of Board or University
			J	,

	e school/	Recognised	Designation	on or	Pe	riod
Institute		By Whom	appointm	nent	From	То
Details of Sports / Ext	ra / Co – c	urricular Activitie	es:-			
Name of the Activity	Level of	Participation / Ad	chievement	Year		
Whather presently em	inloved? ()	/oc / No)	If v	os Namo	Addross 8	Tolo No. of
	. , ,	,			Address &	Tele INO. OI
Employer :						
	Empl	oyer's NOC Atta	ched (Yes / I	No):		
Give two references of	ther than F	Relatives:-				
Sl. No. Name		Local A	ddress with F	Pin Code	Phone No	os.
a) All the stateme	nts made a	and information p	provided in th	ie above A	pplication	are true and
				statement	s / informat	tion found fal
:			Applica	ant's Signa	ture:	
			and Na	ame:		
2 3 4						
	Name of the Activity Whether presently em Employer: Give two references of SI. No. Name Declaration: I hereby a) All the stateme correct to the best of residue incorrect, appropriate The statement of the correct of the correc	Name of the Activity Level of Summer States and States	Name of the Activity Level of Participation / Activity Level	Whether presently employed? (Yes / No) If you Employer:	Name of the Activity Level of Participation / Achievement Year	Name of the Activity Level of Participation / Achievement Year

- Incomplete Application will be rejected.
- ► Attach attested photocopies (on A4 size paper) of requisite testimonials.
- Attach sheet (A4 size) to furnish additional information, if any.
 Submit the application, complete in all respect, at the school office at Minnie Bay, PO Junglighat,

Port Blair, A & N Islands : 744103 03192 - 248781

