

APPLICATION FORM FOR ENGAGEMENT OF PARA TEACHERS FOR LEPCHA LANGUAGE IN PRIMARY SCHOOLS IN THE THREE HILL SUB-DIVISIONS OF DARJEELING DISTRICT.

(To be submitted along with SELF ATTESTED Photocopy of age proof/mark sheets/testimonials)

APPLICANT NAME: _____

FATHER'S NAME : _____

ADDRESS _____

DATE OF BIRTH : _____

MOBILE No. : _____

EDUCATIONAL QUALIFICATION: _____

WORK EXPERIENCE IF ANY _____

KNOWLEDGE/CERTIFICATE IN LEPCHA LANGUAGE IF ANY: _____



PERCENTAGE OF MARKS OBTAINED (Please enclose self attested photocopy of Mark Sheet)

IN MADHYAMIK

IN HIGHER SECONDARY (IF ANY)

IN GRADUATION (IF ANY)

PREFERENCE OF PRIMARY SCHOOL POSTING

ORDER OF PREFERENCE (1 being most preferred)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signature of Applicant