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	idential Addres	:						_	
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4 Date of Birth :/ Whatsapp Mobile No:									
5 Basi	ic Computer Lit	teracy :Yo	es /No						
6 Education Qualification (from 10 th Onwards):									
S No.	S No. Name of the Examination		Boai	Board/University		Year	of Passing	Percentage(%)	
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9. Teacl	hing Experience						1		
S No. Name of Organization		Po	Post Held		F	Period	T		
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I hereby give an undertaking that the above mentioned entries are correct to the best of my knowledge. In case of false information, my candidature is liabled to be cancelled.									
Signature of Candidate:									
							Name	:	
Office U	Use: Document	s and found corr	ect. Candidate	is eligible for	inter	view.			
Signature of Checker 1:				Signa	Signature of Checker 2:				
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