



Ekalavya Model Residential School, Kalamati

(Supported by Govt. of Odisha ST/SC Dev. Dept.)

Email id: - emrstileibani2019@gmail.com

UDISE CODE-21040301703

Affiliation code-1520420

School code- 17529

District- Deogarh

State-Odisha

Pin- 768108

APPLICATION FORM FOR GUEST FACULTY

- IMPOTANT NOTES: 1. All entries should be made in capital letters
2. On form should be used for one Post
3. Enclose self-attested copies of testimonials with each form

1. POSTAPPLIED FOR

Please indicate whether PGT/TGT/TGT PET Male in the box

2. SUBJECTAPPLIEDFOR

In case of PGT/TGT

3. Candidate's Name (In capital letters) please keep one box blank between First name, Middle Name & Last name)

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4. Father's/Husband's Name (In capital letter)

Father

Husband

(Please keep one box blank between First name, Middle Name & Last name)

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5. Date of Birth

DAY

MONTH

YEAR

6. Gender M

F

7. Age as on 31.03.2025

Year

Month

Days

8. Candidates Address (In capital Letters)

a. Name

b. Father's/ Husband's Name

c. Address

d. City/ Town

e. Mobile No.

f. Email.ID

g. Pin

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Please affix one recent
Photograph here

Signature of Candidates

9. Academic Qualification (Starting from High School Level) Please give information as applicable. (attach attested copies of marksheets and certificates)

Name of Examination	Year of passing	Name of Degree	Aggregate Marks			Subjects	Duration of Course (in month)	Board/University
			Max. Marks	Marks Obtained	Percentage of Marks			
High School (Class X)								
Intermediate (Class XII)								
Graduation (Name of the Course)								
Post graduation (Name of the Course)								
Others if any (Specify)								

10. Professional Qualification (Attach attested copies of marksheets and Certificate)

Name of Examination	Write name Of Examination passed	Year of passing	Aggregate Marks			Subjects	Duration of Course (in month)	Board/University
			Max.Marks	Marks Obtained	Percentage of Marks			
B.Ed./BPED								
CTET								

11. Experience (Attach separate sheet, if columns are insufficient)

Post held	Name of Institution	Period of Service		No of Completed Years & months	Class taught	Subjects Taught	Scale of pay and Salary Per month
		from	To				

12. Are you able to teach through English and Hindi, both? (For teaching Post)

Yes

No

13. Do you have knowledge of computer application?

Yes

No

14. WhatsApp No. *(Mandatory)

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UNDERTAKING

I hereby certify that all the information given above is true and correct to the best of my knowledge. I have attached self-attested copies of my testimonials in support of the entries made above. I also agree that mere eligibility does not confer right to be called for interview/ selection. My candidature may be cancelled in case any information is found to be incorrect on verification.

Place: _____

Date: _____

Signature: _____

FOR OFFICE USE		FORM NO: _____
ELIGIBLE OR NOT ELIGIBLE:		
VERIFIED BY:		
NAME WITH DESIGNATION:		