



AIR FORCE SCHOOL KALPI

Email: airforceschoolkalpi@gmail.com

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Sl. No.

Post applied: _____ Session: _____

- Name of the applicant
(As per AADHAAR CARD) : _____
(As per MATRICULATION CERTIFICATE) : _____
- Date of Birth
(As per MATRICULATION CERTIFICATE) : _____ AGE AS ON 01 JULY 2025 _____
Aadhaar No :

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 (Self attested copy to be enclosed)
- Name of Father : _____
(with rank if belongs to Defence Forces)
- Name of Spouse : _____
(with rank if belongs to Defence Forces)
- Contact Address : _____
- Pin :

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- E Mail : _____ Mobile no :

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- Marital Status : Married / Unmarried Whatsapp no :

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- Family composition : No of children : _____ School & Class in which studying : _____

Educational Qualification :

- (Self attested photocopies of relevant certificates are to be enclosed. Originals to be produced to Executive Director/Headmistress for verification during CET and interview)

Sl. No.	Educational Qualification (Starting with matriculation)	Subjects Opted	Year of Passing	Total marks	Marks obtained	Percentage
a.						
b.						
c.						
d.						
e.						

Professional Qualification and CTET Details :

- (Self attested photocopies of relevant certificates are to be enclosed. Originals to be produced to Executive Director/Headmistress for verification during CET and interview)

Sl. No.	Professional Qualification & CTET	Subjects Opted	Year of Passing	Total marks	Marks obtained	percentage
a.						
b.						
c.						
d.						

11. **Computers Qualification :**

(Mention courses undergone and knowledge on applications/ Platforms)

Sl. No.	Name of Qualification	Knowledge on Platform	Year completed	Total marks	Marks obtained	% obtained
a.						
b.						

12. **Professional Experience :**

(Self attested photocopies of experience certificates are to be enclosed. Originals to be produced to Executive Director/Headmistress for verification during CET and interview)

Sl. No.	Worked as a	Name of the Institution	From (Date)	To (Date)	Duration	Academic Achievements
a.						
b.						
c.						
d.						
e.						

13. **Special Interests / Hobbies / Achievements :**

14. **Languages Known :**

Sl. No.	Language	Read	Write	Speak
a.				
b.				
c.				

15. **Whether suffering from any Medical Problem (Mention Details) :**

SELF DECLARATION

It is certified that the details mentioned above are true to the best of my knowledge. I am aware about the eligibility criteria mentioned in the advertisement for the post applied and if found ineligible at any stage of selection or there after, my candidature will be cancelled.

Date:

Signature of Applicant

FOR OFFICE USE ONLY

Received on _____

Signature & Particulars of Receiver :