



CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA

APPLICATION FORM

Passport
Photo

Date: ____/____/____

Fill the form in **CAPITAL LETTER** Only

- 1) Applied for the Post of : _____
- 2) Name of the Candidate : _____
(Surname) (First Name) (Middle Name)
- 3) Father/Husband Full Name : _____
- 4) (a) Gender : Male / Female (b) Blood Group : _____
- 5) (a) Date of Birth : ____/____/____ (b) Handicap : Yes or No
- 6) (a) Religion : _____ (b) Cast : _____ (c) Sub-Cast : _____
- 7) (a) Nationality. : _____ (b) E-mail Id : _____
- 8) Marital Status : Married / Unmarried / Widow
- 9) Permanent Address & Contact Nos.:

District		City		State	
Pin Code		Mb. No.		Res. No.	

10) Educational Qualification:

Sr. No.	Degree	Name of the College	Name of University /Board	Year & Month of Passing	Specialization (Subject / Medium)
1					
2					
3					
4					
5					

11) Additional Qualification: _____

12) Experience:

Sr. No.	Name of the Organization / College	Designation	From	To	Total Exp.
1					
2					
3					

13) (a) Current Salary : Rs. _____ (b) Salary Expectation: Rs. _____

14) References (if any):

01)

02)

Place :

Name & Signature of the Applicant