

BIO-DATA

Form of Bio-Data to be filled in by the candidate appearing for counselling to the post of Shastri/ /LT on dated \_\_\_\_\_ purely on contract basis on the fixed salary (10300+3200+125%(GP)Employment Exchange \_\_\_\_\_  
 Regd.No. \_\_\_\_\_ Date \_\_\_\_\_

Paste latest  
 photograph

|         |                                                                                                                                                                                                                                                  |             |                      |                      |           |                |        |                 |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|----------------------|-----------|----------------|--------|-----------------|
| 1       | Name in Block Letters                                                                                                                                                                                                                            |             |                      |                      |           |                |        |                 |
| 2       | Father's Name                                                                                                                                                                                                                                    |             |                      |                      |           |                |        |                 |
| 3       | Date of Birth                                                                                                                                                                                                                                    |             |                      |                      |           |                |        |                 |
| 4       | Permanent Home Address                                                                                                                                                                                                                           |             |                      |                      |           |                |        |                 |
| 5       | Address for correspondence                                                                                                                                                                                                                       |             |                      |                      |           |                |        |                 |
| 6       | Qualification                                                                                                                                                                                                                                    |             |                      |                      |           |                |        |                 |
|         | Educational                                                                                                                                                                                                                                      |             |                      |                      |           |                |        |                 |
|         | Professional                                                                                                                                                                                                                                     |             |                      |                      |           |                |        |                 |
|         | TET (Examination)                                                                                                                                                                                                                                |             |                      |                      | Roll No.  |                | Marks= |                 |
|         | Additional, if any                                                                                                                                                                                                                               |             |                      |                      |           |                |        |                 |
| 7       | Board /University from which passed the following examination                                                                                                                                                                                    |             |                      |                      |           |                |        |                 |
| Sr. No. | Exam.                                                                                                                                                                                                                                            | Board /Uni. | Date of passing Exam | Regular course of CC | Max Marks | Marks Obtained | Pass % | Subject Offered |
| 1       | Matric                                                                                                                                                                                                                                           |             |                      |                      |           |                |        |                 |
| 2       | 10+2                                                                                                                                                                                                                                             |             |                      |                      |           |                |        |                 |
| 3       | BA/Shastri/BPE/BPED                                                                                                                                                                                                                              |             |                      |                      |           |                |        |                 |
| 4       | MA/MPED                                                                                                                                                                                                                                          |             |                      |                      |           |                |        |                 |
| 5       | BT/BED                                                                                                                                                                                                                                           |             |                      |                      |           |                |        |                 |
| 6       | Do you belong to:-                                                                                                                                                                                                                               |             |                      |                      |           |                |        |                 |
|         | i) GEN/ SC/WEXM                                                                                                                                                                                                                                  |             |                      |                      |           |                |        |                 |
|         | ii) ST                                                                                                                                                                                                                                           |             |                      |                      |           |                |        |                 |
|         | iii) OBC(Specify class also )                                                                                                                                                                                                                    |             |                      |                      |           |                |        |                 |
|         | If yes attach, an attested copy of the certificate from the magistrate class 1 <sup>st</sup> class of your illaqa on the prescribed form                                                                                                         |             |                      |                      |           |                |        |                 |
|         | iv) Are you an EX.SM Rank                                                                                                                                                                                                                        |             |                      |                      |           |                |        |                 |
|         | Period of service                                                                                                                                                                                                                                |             |                      |                      |           |                |        |                 |
|         | Date of enrolment in army with rank                                                                                                                                                                                                              |             |                      |                      |           |                |        |                 |
|         | Date of discharge from army with rank.                                                                                                                                                                                                           |             |                      |                      |           |                |        |                 |
| 7.      | Do you belong to Physically/handicapped category if so specify the same and attach an attested copy of Medical certificate from the competent Medical Officer(Govt. CMO) in support there of on the disability & nature of disability( VI/HI/OH) |             |                      |                      |           |                |        |                 |
| 8       | Are you a ward of Freedom fighter, if so ,give full particulars and attach an attested copy in support of your claim                                                                                                                             |             |                      |                      |           |                |        |                 |
| 9       | Are you a ward of Sports Persons, if so, give full particulars and attach an attested copy in                                                                                                                                                    |             |                      |                      |           |                |        |                 |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | support of your claim                                                                                                                                                                                                                      |       |        |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Are you claiming Adhoc /Tenure /Volunteer Teachers Service Experience or experience in recognized school as Shastri/PET/A&CT/LT , if so give the following information:-                                                                   |       |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name of institution                                                                                                                                                                                                                        |       |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Post held                                                                                                                                                                                                                                  |       |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date of first appointment                                                                                                                                                                                                                  |       |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Total period of experience                                                                                                                                                                                                                 | Years | Month  |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Do you belong to the IRDP family of HP, if so: attach the latest prescribed certificate issued by the competent authority of your area.                                                                                                    |       |        |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Attach one copy each of the documents in support of your claim, which must be attested by the Gazetted officer with his office seal                                                                                                        |       |        |
| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Are you willing to serve continuously for five years in the schools in difficult Area Sub-cadre, if offered appointment as, Shastri/PET/A&CT/LT? Please specifically mention yes or no _____ if yes, please sign the following undertaking |       |        |
| 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Are you a ward of Freedom Fighter, if so give full particular and attach an attested copy in support of your claim.                                                                                                                        |       | Yes/No |
| 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Are you belonging to notified Backward Area of Panchyat, if Yes then attach certificate issued by the competent authority.                                                                                                                 |       | Yes/No |
| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Are you member of land less Family/Family having land less than 1 Hectare, if yes certificate issued by the concerned revenue authority be attached                                                                                        |       | Yes/No |
| 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Certificate relating to Non-Employment, if none of the family members is in Govt/Semi Govt. Service issued by the competent authority be attached.                                                                                         |       | Yes/No |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Differently abled persons with more than 40% impairment/disability/infirmity, attach Medical certificate issued by the CMO concerned.                                                                                                      |       | Yes/No |
| 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NSS(at least one year) or NCC or the Bharat Scout & Guide or Medal winner in National Level Sports competition if yes, then attach certificate issued by competent authority.                                                              |       | Yes/No |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Do you belong to BPL family having annual income (from all source) below rupees 40,000 or as prescribed by the Govt. from time to time if yes, then attach certificate issued by the competent authority.                                  |       | Yes/No |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Are you Widow/Divorced /Destitute/Single woman. If yes, then attach certificate issued by the competent authority .                                                                                                                        |       | Yes/No |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Are you Singly daughter/Orphan, If yes, then attach certificate issued by the competent authority.                                                                                                                                         |       | Yes/No |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Have you got training of at least 6 months duration related to the post applied for from a recognized university/institution.                                                                                                              |       | Yes/No |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Are you claiming teacher service experience in a Govt./Semi. Govt./Organization relating to the post applied for (C&V) if so give the following information and attach certificates issued by the competent authority.                     |       | Yes/No |
| <b>UNDERTAKING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                            |       |        |
| I _____ Son /Daughter of Sh. _____ village _____ PO _____ Tehsil _____ Distt. _____ (HP) do hereby undertaking in writing that I am willing to serve in the schools in difficult area sub-cadre of HP., if offered appointment as Shastri/PET/A&CT/LT. I am further to give this written undertaking that I shall neither request for change of my first place of posting nor request for transfer during first five years of my service while serving in the difficult area Sub-cadre of H.P. Please specifically |                                                                                                                                                                                                                                            |       |        |

Date \_\_\_\_\_

Signature of the candidate

Encls:- (Give total No.)

Name & Address in Block Letters  
With Contact No.

