

BIO-DATA FORM FOR THE SSC/INTER EXAMINATION YEAR 200 .**DEPUTY SUPERINTENDENT**NAME:- _____
(In Block Letters)

Father's Name:- _____

Designation:- _____

Official Address: - _____ Dist:- _____

Residential Address:- _____

Date of entry into Service:- _____ Total Experience:- _____

Present Grade:- _____

Qualification	Division	Year of Passing	Board/University	Subjects
Matriculation				
FA/FSc.				
BA/BSc.				
MA/MSc.				
M.Phil.				
Ph.D.				
Languages				
PTC/CT/OT/AT/DM				
B.ED.				
M.ED.				

Experience in Years	Subject Taught	In Govt. Institution (Years)	In Private (Affiliated) Institution

Choice of Station : (i) _____ (ii) _____ (iii) _____

Phone No. Off: _____ Res: _____ Signature: _____

Remarks by Head of the Institution:
Particulars verified & Recommended
For the assignment:

Signature: _____

Name: _____

Official Seal: _____

Note: (i) Persons disqualified by the Board are requested not to submit form for Board's duties.
(ii) Photo copy of the form can also be used.