## <u>APPLICATION FOR TRAINING AS "Proficiency Trainee Teacher' in BSL Schools for a period of one year"</u>

	(in CAPITAL letters) Father's Name						
<ul><li>5. Religion:</li><li>6. Caste/Category [P</li></ul>			h is/are appli	cable]			
7. If person with disabi	ility, (a) Nature of Disal	bility ability (%)					
8. ADDRESS:	DRESS: Correspondence Address			Permanent Address			
	PIN		PIN				
9. Contact Telephon 10. Educational Quali	ne No: fications	EMAIL ID:					
Examination Passed		Name of the Institution and Board/University			Duration of Cours		
Matriculation			•				
12 <sup>th</sup> / +2 Sc.							
Graduation							
B. Ed							
Others							
Experience, if any				То			
	Name of the Employer		From			Total Period	
	ohotocopies Matriculation				<u>certificate</u>	e if applicable are	
cclosed.( The certific CLARATION: gree to undergo Profilergo Profilergo Proficiency Teanderstand and agree the shall not create any roalso hereby declare	ate of OBC and EWS shound iciency Teachers Training in any one of that no other liabilities will be right for regular appointment that the above information lication will be considered as	For stipend @ Rs. 130 schools run by SAIL, be borne by SAIL/BSL ton any grounds, what given by me is correc	per period ( BSL or as de . I understan soever. t. I understar	(maximum 5 sired by the n d that my trained that false s	nanagemer ining is post statement a	nt committee. urely of temporary n und/or suppression o	

Place:

Name:

Date