



**ST. XAVIER'S HIGHER SECONDARY SCHOOL, PATHALIAGHAT
SEPAHIJALA Dt. TRIPURA St., INDIA 799103.ESTD.15th February 1986**

www.stxaviersschooltripura.in stxaviershsschool@gmail.com U-DISE Code: 16050801307



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TRSP Code: 35388. ISO 9001:2019 IN-IND-356-IN-TR Date.....

To,
The _____
Sir,

I am proud to apply for the post of _____ and furnish the facts as
below. In case of any false statement, I am liable to any action the institution may deem fit and proper. A treasury
challan of Rs(Rupees.....) Vide T. V. No..... is attached herewith.

1. AADHAR Card no..... Name & Signature of the Applicant

2. Full name in capital letters with address; if any: Surname first.
(Please do not use any initials) : _____

3. Date of Birth: _____ 3A. POLICE VERIFICATION TO BE SUBMITTED to TRSP office.
Date Month Year

4. Place of birth: _____
Village/Town Police station District State

5. Father's/Mother's and Husband's name (in case of married female).
(Please do not use initials): _____

6. A. Height: C.M B. Colour of Eyes: _____ C. Eye power right _____ D. Eye power left _____
C. Colour of hair: _____ D. Visible distinguishing marks (if any): _____

7. A. Permanent Address in full: _____ B. Present Address in full:
.....
.....
.....
Mobile: No. _____ Mobile: No. _____

C. If you have not resided at the above address continuously for the last four years, please give the other
address where you have resided during the period.
From: _____ To: _____ Address: _____

8. Name, signature & address of two responsible persons in your localities who would be prepared to vouch of
you:
A B
.....
.....

Human & Computer Languages & Teaching on Line (read, write & speak)

9. Are you a citizen of India? If so, how? (Copy of a citizenship certificate or the number should be enclosed
Where necessary): A. Siblings: Sisters..... Brothers..... B. Religion _____

10. Educational & Qualifications :(Please Self - attest all documents) 10A.Submit Mental wellbeing fitness certificate.

SL NO.	Name of the Institution and address	Date of entering	Date of leaving	Examination passed(ABC)	Division & Percentage	Subjects taken
I	II	III	IV	V	VI	VII
01						
02						
03						
04						
05						

11. Community/ schedule caste/ schedule tribe:(proof to be enclosed): _____
12. Other qualifications: _____ 12A. Submit Medical fitness certificate, EYE & ENT Certificate.
 A. Blood group: _____ Distance from home to SXP Km. B. PAN Card No. _____
13. Present occupation, if any: _____ 14. Previous Appointment held, if any: _____
15. Are you a temporary/ retrenched personnel of a Temporary Department of Government of
 (Answer 'Yes' or 'No' if 'Yes' give particulars): _____ 15A. Pass port No.....
16. A trained/member of National Cadets/Corps 17. Are you Married or Unmarried Yes/No
 Or Territorial Army, police. (If so, give particulars). _____
- 18. Voter ID. _____ 19. APAAR.ID.Yes/No _____
20. Mode of coming to the school 21. A. Ration Card no Digi Locker Yes/No
21. Driving license No. _____ 23. Bank A/C No. _____
24. Email ID _____ 25. Any Allergy, Specify _____ 26. ABC.ID.Yes/No

Date: ___/___/___ TRSXP School code:- 35388 Cont.No.9402176207 Name & Signature of the applicant

May the whole Universe be in Peace. O God I trust in you. TRSXP Bearing:- "260°W-177 S-90°E -352°N" ©®TRSXP™