LAST DATE FOR RECEIPT OF APPLICATION FORM (HARD COPY) AT SAINIK SCHOOL BALACHADI – 10 AUG 2026, 1800 hrs

NO COURIER SERVICE IS AVAILABLE FOR SAINIK SCHOOL BALACHADI
APPLICATION FORMS CAN BE DROPPED AT SCHOOL MAIN GATE ALSO

Advt/ Jul 2026

Application fee: (Demand Draft only in favour of **'Principal Sainik School Balachadi'** payable at Jamnagar)

DD No. :..... Date:.....Amount:.....
Mention Name and Contact Number on the reverse side of Demand Draft

APPLICATION FORM FOR THE POST OF SCHOOL MEDICAL OFFICER ON CONTRACTUAL BASIS

Affix a Self attested Passport size photograph
Specimen Signature in black Ink

1. Name (in capital letters):
_____

2. Father's/Husband's Name:
_____

Mother's Name:
_____

3. Permanent Address:
_____

_____

_____

4. Correspondence Address:
_____

_____

_____

5. Category : [ ] (SC / ST / OBC / GEN / EX-SERVICEMEN)

If Ex-servicemen please mention Rank / Corps _____

Trade in Defence Service _____

6. Contact No :

(a) Phone with STD Code _____ (b) Mobile No _____

(c) E-Mail : _____ (d) Whatsapp No._____

7. (a) Date of Birth : Date Month Year

(b) Age as on 01 Oct 2026 : Year Months Days

8. (a) Marital Status : Married/Single (b) Gender: Male / Female

9. Qualifications:

Qualification	Medium	University /Board	Year of Passing	Subjects	Marks Obtained	% age
10						
12						
B.A/B.Sc/B.Com						
M.A/M.Sc/M.Com						
MBBS						

10. Experience. (attach separate sheet, if columns are insufficient).

Ser No.	Name of the Institution and address	Appointment (Designation)	Period			Day /Resi-dential School	Adhoc / Permanent	Salary drawn (all incl) per month
			From	To	Total period			

11. Proficiency in MS Excel : ☐ MS Word : ☐ MS PowerPoint: ☐

Familiarisation with Chatgpt : ☐ AI : ☐
(please tick √ wherever applicable)

12. Aadhar Card No. _____

13. PAN Card No. _____

14. Voter Id Card No. _____

15. Proficiency in Games / Co-curricular activities.

Ser No.	**Games / Co-curricular**	**Level played**				**Remarks**
		School/Zonal /Regional	**College**	**University**	**State**	

16. **Hobbies**: _____

17. **Details of In-service training attended** (If any) : _____

_____

_____

18. NCC:

(a) Certificate obtained:

A		B		C	

(b) Camps attended _____

19. Any other details

_____

_____

CERTIFICATE

I, hereby certify that the above particulars are correct and true in all respect to the best of my knowledge and belief. If at any stage, it is found that information provided by me is incorrect, my candidature can be cancelled.

Place : _____

Date : _____ (Signature of Applicant)

CHECKLIST FOR SUBMITTING APPLICATION FORM
DOCUMENTS SHOULD BE IN THE FOLLOWING SEQUENCE

Attach all the testimonials duly self attested.

Demand Draft	Yes / No	
Application Form with Photograph	Yes / No	
10 Mark sheet	Yes / No	
10 Passing Certificate	Yes / No	
12 Mark sheet	Yes / No	
12 Passing Certificate	Yes / No	
B.A / B.Sc / B.Com Part – I Mark sheet	Yes / No	
B.A / B.Sc / B. Com Part – II Mark sheet	Yes / No	
B.A / B.Sc / B. Com Part – III Mark sheet	Yes / No	
Graduation Degree	Yes / No	
M.A/M.Sc Part – I Mark sheet	Yes / No	
M.A/M.Sc Part – II Mark sheet	Yes / No	
Post Graduation Degree	Yes / No	
B.Ed Mark sheet	Yes / No	
B.Ed Degree	Yes / No	
M.Ed Mark sheet	Yes / No	
M.Ed Degree	Yes / No	
CTET/STET	Yes / No	
M.Phil	Yes / No	
Ph.D	Yes / No	
Experience Certificates	Yes / No	
MBBS Marksheet	Yes / No	
MBBS Degree	Yes / No	