



DELHI PUBLIC SCHOOL DHALIGAON

APPLICATION FORM

FOR AAYAS & ATTENDANTS (CONTRACTUAL)

Duration: ONE YEAR-(w.e.f. 01.04.2026 to 31.03.2027)

NAME.....

FATHER/GUARDIAN'S NAME :

ADDRESS.....

.....Aadhaar No.....

CONTACT NO.....E- mail Id.....

DATE OF BIRTH.....

AGE AS ON 01.04.26.....

EDUCATIONAL QUALIFICATION:

Sl.No.	Name of Examination	Board/University	Subjects	Percentage	Year of passing

PROFESSIONAL EXPERIENCE (If any) :

Sl.No.	Name of the post held	Name of Institution	Duration	Total No. of years

DECLARATION

I, Ms./Mr....., hereby declare that all the information provided above are true to the best of my knowledge and belief.

Sign :

Name :

Date :

Paste passport size
coloured photograph
here