

AIR FORCE SCHOOL THANJAVUR

Air Force Station Thanjavur, Tamil Nadu – 613 005, E-Mail: afschooalthanjavur@gmail.com

Website: afschooalthanjavur.edu.in

(Note: Print the application on both sides of A4 sheet and fill the Application Form in Uppercase / Capital Letters)

Paste latest PP size Photo here

Name of the post applied for :

1. Name of the applicant :
(As per matriculation certificate)

2. Date of Birth : Age as on 01 Jul 2025:
(As per matriculation certificate)

3. Name of Father's/spouse's Name : Date of Posting-in:

4. Address :

e-mail.....

Pin..... Mobile No.(Self only).....

5. Religion & Nationality :

6. Education Qualification

(Attested photocopies of relevant certificates/documents to be enclosed. Only qualification with supporting copies of certificates will be considered)

Sl.No.	Name of Qualification	Name of the Board / University	Subjects Opted/ Major in	Year Completed	Total Marks	Marks Obtained	% obtained
(a)	Post-Graduation						
(b)	Graduation						
(c)	Diploma						
(d)	10+2						
(e)	Matric/10 th						

7. Professional Qualification

Sl.No.	Name of Qualification	Name of the Board University	Subjects Opted/ Major in	Year Completed	Total Marks	Marks Obtained	% obtained
(a)	M. Ed.						
(b)	B. Ed.						
(c)	D El Ed/B El Ed						
(d)	Diploma in Nursery Teachers Training etc.						

8. Computer Qualification

Sl.No.	Name of Qualification	Knowledge of Software /MS Office	Subjects Opted/ Major in	Year Completed	Total Marks	Marks Obtained	% obtained
(a)							
(b)							

9. Professional Qualification

(Attested photocopies of relevant certificates/documents to be enclosed. Only qualifications with supporting copies of certificates will be considered)

Sl.No.	Worked as	Name of Institute	From (Date)	To (Date)	Duration	Pay drawn	Achievement
(a)							
(b)							
(c)							
(d)							

10. Special Interests/Hobbies/achievements/Co-curricular activities:

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11. Languages Known (mention the language and Write Yes/No):

Sl.No.	Language	Read	Write	Speak
(a)				
(b)				
(c)				
(d)				

12. Whether suffering from any Medical problem? (Mention Details and annexed photocopies)

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CERTIFICATE

Certified that details mentioned above are true to the best of my knowledge, I am aware of the details mentioned in the advertisement and I am liable to be disqualified at any stage of selection mentioned above if the details mentioned above are found to be incorrect. My Aadhaar Card No. is

Date:

Note: Use separate sheet if space is limited

(Signature of Applicant)