

Form No: CBS/ /2022-23/

## Calcutta Boys' School

( A Christian Minority, Anglo-Indian Institution under the Calcutta Christian Schools Society of the Bengal Regional Conference of the Methodist Church in India.)

:	This application is to be filled in a Only attested copies of testimonia they will not be returned.			
Po	st applied for with a reference to	the advertisement:		Paste your recen photograph here
Ca	mpus applied for: Main Campus / Sor	narpur Campus / Beliaghata Cam	pus / Asansol Campus	
1.	Name in Full ( IN BLOCK CAPIT			
	First Name	Middle Name	Surname	
2.	Name of Father / Husband:	-6		
3.	Date of Birth:	1/3		
	Date	Month	Year	
4.	Correspondence Address (IN BLC	OCK LETTERS IN ENGLISH	)	
	<u> </u>			
5.	TelephoneN	1obileem	ail	
	1/6			
6.	Permanent Address:			
7	Mother Tongue	Dlood Crown		
<i>/</i> .	Wother Toligue	Blood Gloup	)	
8.	Any other language you can speak	, read & write fluently		
9.	Scheduled Caste / Scheduled Trib	e / OBC? YES / NO (Attach Document in support)	Specify:	
10.	Religion:			
11.	Anglo-Indian (tick appropriate):	YES / NO		

11. Anglo-Indian (tick appropriate):

## 12. Academic Career and attainments:

Exam	Year of Passing	Board or University	Institute at which studied	Division/ % age obtained	Subjects take with marks obtained in each.
Secondary/ ICSE/ CBSE					
Higher Secondary/ ISC					eduilli
B.A./ B.Sc./ B. Com.					
M.A./ M.Sc./ M. Com.					
B. Ed/ B. Lib/ B. P Ed.	105,				
M. Ed.	9				
Others	os in agreen if	Cany Strike off who			

Explain gaps in career, if any. Strike off what does not apply

Name of Employer/	Period of Service		Length of Service		Nature of	Reason for
Institute	From Month & Year	To Month & Year	Years	Months	duties Performed	leaving
Details of Participation received:	in Co-curricula	r activities as a	student o	or as a teach	ner and accredita	tions
Year	Particu	lars of Activity	7		Accreditations	
Name, address and con	tact numbers of	TWO responsi	ible perso	ns, known t	to you, who sho	ıld be
willing to send confider	ntial report as re	eferees:	tole perso	ns, known t	o you, who shot	

	l in by Christian Candi			
Name of Church:				
Denomination:	Membersh	nip Number		
PASTOR'S COMMENDATION				
This is to certify that Mr/Miss/Mrs/D	r	is a		
Full / Preparatory member of		Churcl		
He/ She is a member in Good Standin	_	years."		
Pastor	Date	District Superintenden		
Church Seal:		Sea		
rollice	DECLARATION			
eby declare that all statements made i wledge and belief.		ue, complete and correct to the bes		

Name of Candidate

Date: