



Ramakrishna Mission Ashrama Sishu Vidyavithi

PO – Narendrapur, PS – Sonarpur, Kolkata – 700103.
Phone: (033) 2477-0076 Web: www.rkmnarendrapur.org

For office use only

Form No. _____

Admit:

Application Form for the Selection Test for the post of **ASSISTANT TEACHER**

To
The Secretary,
Ramakrishna Mission Ashrama Sishu Vidyavithi,
Narendrapur, Kolkata - 700103.

*Affix recent
colour photo here*

1. Name _____

(In Block Letters as per School Leaving Certificate)

2. Father's Name _____

(In Block Letters as per School Leaving Certificate)

3. (a) Date of Birth (As per School Leaving Certificate): ____ / ____ / ____ (dd/mm/yyyy)

(b) Age as on 01.01.2026: ____ years ____ months ____ days

4. (a) Caste _____ (b) Sub-caste _____ (c) Religion _____ (d) PH: Yes / No

5. Complete Postal Address :

House No. _____, Street _____,

Village _____, PO _____, PS _____,

Dist. _____, State _____, Pin _____.

Phone/Mobile _____ Email _____

6. a) Particulars of School Education:

Examination	Year of Passing	Board / Council	Full Marks	Marks Obtained	Division / Class	% of Marks	Subjects
Madhyamik / Equivalent							
Higher Secondary Equivalent							

b) Particulars of Higher Studies:

<i>Please tick the course where applicable</i>	Year of passing	Examining University	Subjects	Full Marks	Marks Obtained	% of Marks	Academic Score (for office use)
Without Hons. (Excluding ENVS)							
Hons. Subject							

c) Particulars of D.El.Ed, CTET(Paper-I)/PTET :

<i>Name of the Examination</i>	Acade- mic Session	Name of the Institution	Examining University	Subjects	Full Marks	Total Marks Obtain ed &Divisi on	% of Mark s	Academic Score (for office use)
D.El.Ed.								
CTET(Paper -I)/ PTET								

7. Declaration:~

I hereby declare that all statements made in this application and all self-attested documents submitted herewith are true, complete, and correct to the best of my knowledge and belief. In the event that any information is found to be false, incorrect, or if any ineligibility is detected at any stage before or after selection/recommendation, my candidature/selection shall be liable to cancellation, and any recommendation made in my favour may be revoked or rescinded. I understand that appropriate legal action may also be initiated against me by the concerned authority.

Place : _____

Signature of Applicant

Date : _____