NATIONAL INSTITUTE OF OPEN SCHOOLING

Regional Centre, Patna

Lalit Bhawan (Ground Floor), JawaharLal Nehru Marg, Bailey Road, Patna- 800001

	on From for Team Leader/E		d. 3 rd Exam	
1. Name:				
2. Designation:		ECT-100+2-100035-13235		
3. Date of Birth:			Photo Attested	
*/ United State St			byPrincipal/	
			Head of the	
	Mob		Institution	
Email:				
Educational Qualifi	cation: (Specify Subject)			
Name of Exam	Board/University	Specify Subject		
Graduation		opecity Subject	Division	
3.Ed.				
M.Ed.				
MA/M.sc/M.com				
M.Phil./PhD				
		From	То	
	Subject Teaching/Taught	From	То	
Whether working or	retired: Date	of Retirement /if retire	ad)	
Year of Experience:		- Total		
Certified that:				
	are true and correct to the best of my know	ledge and belief.		
	I from any exam, work of any Board. appearing in the examination for which I are	n appointed as Toom Loader	dFreezing to be 100 to 100 to	
andwithdraw myself from th	is assignment.	n appointed as Team Feader	/Examiner, I shallintimate the	
			Signature of Applica	
d that the above partice on for Evaluation work (I	ılars verified with the service record. D.El.Ed. 3 rd Exam).	ds and found correct. T	he institution/School ha	
यसाह				
ABUTE)		Counter Signature of Principal/Head of Institution with Sea		
PART HENT	et this form attested from the Head of littach a copy of work experience or atta	Signature of Principal/L	and of Inctitution with a	

Kindly submit application along with documents at National Institute of Open Schooling, Regional Centre, Patna, LalitBhawan (Ground Floor), JawaharLal Nehru Marg, Bailey Road, Patna-800001