	Application for					under
	Centrally Spor	nsored Sc		upport to State Exte orms" (ATMA) Scho		ne for Extension
1	Name of the A	applicant				
3	Permanent Ad	drace:	-			Space for PP
1	Contact No:				Size	
	Contact No;		Mobile:_ Land Line with STD Code: Email ID:			photograph
5	District of Domicile as per the State Subject					
5	Date of Birth					
7.	Education Qual	ification:				
	Examination Passed	Year of	Passing	Name of Board/University	Percentage of Marks/Grade	Subjects
_						
_						
	Work Experience	ce;				
15	Name of organization	Post	held	Period	Grade	Nature of Job

Certified that the information given above is correct to the best of my knowledge and belief and I shall be personally responsible for the consequences for the false statement if observed at any point of time.

Signature of the applicant;

Durcu.	
Place:	

Dated: