



TRIPURA BOARD OF SECONDARY EDUCATION

AGARTALA : TRIPURA

Application for Examinership

1. Name in full.....
(in block letters)

2. Designation.....

3. Scale of pay.....

4. Date of birth.....

5. a) Name and address of the present school.....

b) Date of joining the teaching profession.....

6. Name of Examination and subject for which examinership is sought :-

	Subject	Examination	Remarks
A			
Theory paper/Practical (in order of preference)			
B			

7. Particulars of Education (Academic & Professional)

Examination passed (from matriculation or equivalent)	Year	Division Class	% of marks obtained	Board/ University	Main subjects offered	For office use only
Madhyamik/S.F/Matric						
I.A/I.Sc./I.Com./H.S./ Pre Univ/						
B.A./B.Sc./B.Com. (Pass/Hons.)						
M.A./M.Sc./M.Com.						
D.Lit/Ph. D						
B.T./B.Ed./L.T.						

8. a) Present address (School)

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b) Permanent Home address

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For Office use only	
Registration No.	
Remarks	

9. Teaching experience in recognised High/Higher Secondary Schools

Name of School	Subject taught (for which examinership is sought)	Work load per week				Period of experience in teaching the subject continuously
		Class IX	X	Class XI	XII	

10. Experience as Examiner of the Board/University

Examination	Examiners Registration No.	Subject(s)	Years for which you served as an examiner (State reference No.)		Board/ University	Remarks (for office use only)
			Year	Registration No. Code No.		

11. Any other information which you like to furnish in connection with your application for examinership

Date.....

Signature of the applicant

I certify that the particulars given in the application form have been carefully verified and found correct.

Signature of the Head of the
Institution with seal