

No EDN-U(E-V)Elem/Appointment/ Physically Handicapped/2019-<sup>442-445</sup>  
Office of the,  
Deputy Director Elementary Education ,Una Distt. Una (H.P.)  
Dated 03 February / 2020

To,

1. Sanjay Kumar, S/O Krishan Dutt  
Vill.Samber ,PO Kiar ,Tehsil Theog Distt Shimla (171220)
2. Baman Kumar S/O Sh Bhag Singh.  
Vill. Parchhu PO Sajaio-Piplu Tehsil Sarkaghat  
Distt Mandi.(H.P)175025
3. Himender Kumar S/O Uma Dutt. Vill Kheel ,  
Tehsil Karsog Distt Mandi (175010)
4. Devinder Kumar S/O Sh Khem Raj Vill.  
Kol,PO Balag Tehsil Nihri Distt Mandi(H.P)-175038

Subject :- Regarding Providing the documents alongwith Bio Data Form for the post of Shastri (VI) for its scrutiny.

Memo,

It is to inform you , that you have applied for the post of Shastri earmarked for Visually Impaired persons.

You are therefore, directed to fill up the Bio- Data form attached with this letter and deposit the same in the office of undersigned on or before 11.02.2021 alongwith supporting documents as required in the Bio Data Form.

DA:- Bio- Data Form

NOTE:- If you are not a Disabled person, then need not to submit the form

Deputy Director Elementary Education,  
Una Distt Una (H.P)

PHOTO

(Please filled the form neat & clean without cutting)  
**FORM OF BIO DATA TO BE FILLED BY THE CANDIDATE FOR THE POST OF  
 SHSATRI RESERVED FPOR VISUALLY IMPARED PERSON.**

EMPLOYMENT EXCHANGE REG. NUMBER -----

1	Name in Block Letters							
2	Father's Name							
3	Date of Birth							
4	Permanent Home Address							
6	Qualifications							
	Educational							
	Professional							
7.	Board/ University from which passed the following Examination							
Sr No/ Exam	Board/ University	Date of passing Exam	Regula r Course or CC	Divisi on	Max Marks	Marks obtain ed	Pass %	Remarks
Matric/Hr Sec								
10+2								
Shastri								
B.Ed								
TET								
8.	Do you belong to:-							
	i) SC							
	ii) ST							
	iii) OBC (Specify class also)							
If yes attach, an attested copy of the certificate from the magistrate class 1st class of your illaqa on the prescribed form.(Only parental SC/ST/OBC certificate is required .								
09	Do you belong to notified Backward Area or Panchyat, if yes then Attach Certificate issued by the competent authority							
10	Do you belong to land less family / Family having land less than 1 Hectare, if yes certificate issued by the Concerned Revenue							

	Authority be attached.	
11	Are You unemployed ? if yes, attached an attested copy of non employment certificate to the effect that non of the family members is in Govt./Semi Govt. Service issued by the competent authority.	
12	Are you differently abled person with more than 40% impairment / disability / infirmity, if yes attach Medical certificate issued by the CMO concerned .	
13	Are you certificate holder in NSS (At least one year ) ,Certificate holders in NCC/ The Bharat Scout and Guide Medal winner in National Level Sports Competition , if so, give full particulars and attach an attested copy in support of your claim.	
14	Do you belong to BPL/IRDP Family having annual income ( from all sources below Rs 40000/ or as prescribed by the Govt. from time to time if yes, attach latest certificate issued by the competent authority and countersigned by the BDO concerned .	
15	Are you a widow/ Divorced / destitute / single women . if yes, then attach certificate issued by the competent authority	
16	Are you a single daughter/ orphan, if yes attach certificate issued by the competent authority .	
17	Have you undergone in training of at least 6 months duration related to the post applied for from a recognized university/Institution. if yes attach certificate issued by the competent authority	
18	Have you Teaching Experience upto a maximum of Five Years and minimum of one year in Govt./ Semi Govt. organization relating to the post applied for, if yes attach certificate issued by the competent authority and countersigned by the Deputy Director Concerned .	
19	Latest Character certificate issued by the competent authority (Attach Copy)	
20	Himachali Bonafide (Attach Copy)	
21	Employment Exchange Card ( Attach Copy)	

Signature of the candidate  
Full Name  
& Address in Block

Phone Number ---

