

Reappointment Form

Academic Year July-2026-June-2027

Current Designation: Librarian
Department: Teaching
Status: Submitted

Passport Size
Photograph

Lucknow, India

GHS CODE: 1234567

1. PERSONAL DETAILS						
Full Name Dr. TEST TEST TEST			Email ID xyz@abc.com			
Primary Contact 1234567890		Alternate Contact 0987654321		Date of Birth 14-May-2008		Gender Female
Marital Status Single		Aadhaar Number XXXX-XXXX-9098			PAN Card 1234567890	
2. FAMILY DETAILS						
Father's / Husband's Name Mr. TEST TEST TEST			Father's / Husband's Contact 1234567890			
Mother's Name Ms. TEST TEST TEST			Mother's Contact 1234567890			
3. ADDRESS DETAILS						
Present Address (Preferred: No) 123, 123, 1234567890, Near 1234567890, 123, Puducherry, India, PIN: 123456			Permanent Address (Preferred: No) 123, 123, 1234567890, Near 1234567890, 123, Puducherry, India, PIN: 123456			
4. ACADEMIC QUALIFICATIONS						
Qualification	Year	Board/Univ	Subject	Institution	Medium	%
Class X	2020	1234567890	1234567890	1234567890	ENGLISH	99%
Class XII	2015	1234567890	1234567890	1234567890	ENGLISH	99%
Graduation	2015	1234567890	1234567890	1234567890	ENGLISH	99%
Post-Graduation	2014	1234567890	1234567890	1234567890	ENGLISH	99%
Language Skills: Hindi (Speak, Read, Write); English (Speak, Read, Write); Spanish (Speak, Read, Write)						
5. WORK EXPERIENCE						
Company Name		Designation		Tenure From		Tenure To
TEST		TEST		26-May-2026		25-May-2026
6. SKILLS & ADDITIONAL INFORMATION						
Skills & Interests TEST			Additional Information TEST			
7. MEDICAL HISTORY						
Medical History TEST						
8. PROFESSIONAL REFERENCES						
Name	Designation	Organization	Contact No			
TEST	TEST	TEST	1234567890			
TEST	TEST	TEST	1234567890			

DECLARATION:

I declare that the entries in this application form are true to the best of my knowledge and belief. I understand that any misrepresentation may result in rejection of my appointment.

Date of Submission: 14-May-2026 02:30 PM

Signature of Candidate