

# National Institute of Open Schooling

(अमृत प्लाज़ा, मोथरोबाला रोड, (निकट. पानी की टंकी, बंगाली कोठी चौक), देहरादून, (उत्तराखण्ड))

Amrit Plaza, Mothrowala Road, Bangali Kothi Chowk, Dehradun,  
Phone No:0135-2532592/ Email: rcdehradun@nios.ac.in

Regn No

--	--	--

(To be filled in by the NIOS)

## FORM OF APPLICATION FOR EXAMINERSHIP

1. Subject of Examinership applied for

Subject Code

2. Application for

Team Leader Examiner

3. Name of Applicant Mr./Mrs./Ms.

4. Present Designation

Lect.	Pr.	VP	PGT	TGT	Other
-------	-----	----	-----	-----	-------

5. Qualifications (with subject taken)

B.A. 1	B.Sc. 2	B.Com 3	
M.A. 4	M.Sc. 5	M.Com 6	
B.Ed. 7	M.Ed. 8	Other 9	

6. Experience of teaching the subject applied for (completed years only)

Class	In Figures	In words
X		
XI		

7. Date of Birth

Day	Month	Year

8. Residential Address (Do not repeat name)

Line 1

Line 2

Line 3

9. Official Address (Do not repeat name)

Line 1

Line 2

Line 3

10. Telephone No.

Institution 



 Residence

11. Whether can evaluate both in English Hindi medium (except languages)

<input type="checkbox"/> YES	<input type="checkbox"/> NO
------------------------------	-----------------------------

12. Previous experience in evaluation of Answer scripts

Sec	No. of years	Subject	Organisation		
			NIOS	CBSE	STATE BOARD
	<table border="1" style="width: 50px; height: 20px;"></table>	<table border="1" style="width: 50px; height: 20px;"></table>	<table border="1" style="width: 50px; height: 20px;"></table>	<table border="1" style="width: 50px; height: 20px;"></table>	<table border="1" style="width: 50px; height: 20px;"></table>
Sr. Sec.		<table border="1" style="width: 50px; height: 20px;"></table>	<table border="1" style="width: 50px; height: 20px;"></table>	<table border="1" style="width: 50px; height: 20px;"></table>	<table border="1" style="width: 50px; height: 20px;"></table>

13. Add. remarks, if any .....

14. Certified that the entries above are correct to the best of my knowledge. Also certified that I have never been debarred from any exam work of any Board.

Certified that :

(a) The statement given by applicant has been personally verified by me and is correct to the best of my knowledge.

(b) The applicant is eligible to teach the subject for which he/she has applied for examinership.

Signature of Applicant

Date : .....

P.T.O

Signature of the Head of Instt. with Seal