



कार्यालय, चौपासनी शिक्षा समिति, चौपासनी, जोधपुर

(पंजीयन संख्या 127 / 1956-57 दिनांक 27.10.1956)

E-Mail :- chopasni.100yrs@gmail.com Website :- www.shikshasamiti.com Mob.8619676200

विज्ञप्ति हेतु रिक्त पदों की सूची

क्रस	पदनाम	विषय	चौपासनी महावि.	महाराजा हनवंत सैनिक स्कूल	चौपासनी उमावि	छात्रावास	चौशिस	योग
01	प्रधानाचार्य	---	---	---	01	---	---	01
02	व्याख्याता (PGT)	1. भौतिक वि.	01	---	---	---	---	1
		2. शिक्षा	02	---	---	---	---	2
		3. पु0अ0	01	---	---	---	---	1
		4. खेल प्रशि.	01	---	---	---	---	1
	योग		05	0	01	0	0	06
03	व0अ0 (TGT)	1. गणित	---	01	---	---	---	01
		2. अंग्रेजी	---	01	01	---	---	02
		3. कम्प्यूटर वि.	---	01	---	---	---	01
		4. आर्ट एण्ड क्राफ्ट	---	01	01	---	---	02
		5. आई टी	---	---	01	---	---	01
		6. शा0शि0 (महिला)	---	01	01	---	---	02
	योग		0	05	04	---	---	09
04	अध्यापक (PRT) Eng		---	01	---	---	---	01
05	विधि सहायक		---	---	---	---	01	01
06	लिपिक		---	---	---	---	01	01
07	पुस्तकालयाध्यक्ष		---	01	---	---	---	01
08	प्रयोगशाला सहायक		01	02	---	---	---	03
09	वार्डन		---	---	---	01	---	01
10	हैड कुक		---	---	---	01	---	01
11	सहायक कुक		---	---	---	02	---	02
12	क्लीनर		---	---	---	01	---	01
	योग			04	0	05	02	12
	कुल योग		06	09	05	05	02	27



Office of the Chopasni Shiksha Samiti, Chopasni, Jodhpur

MobileNo. 8619776200

E-Mail - chopasni.100yrs@gmail.com

“Application Form”

Photo

Post-.....

1. Name of the Applicant :-.....
2. Father's/ Husband's name:-.....
3. Date of Birth :-..... Age:-..... Aadhar No.....
4. Address :-.....
Dist:-.....Mob.....
5. Category:- General/ Ex Serviceman.....

6. Qualification :- Academic

Sr.N.	Name of Examination	Subject (Optional)	Name of Institute	Percentage
01				
02				
03				

Professional

Sr.N.	Name of Examination	Subject (Optional)	Name of Institute	Percentage
01				
02				

7- Experiences:-

Sr.N.	Name of Institute	Working Period	Total Period (In Years)
01			
02			

8- Other Specifications:- Sports/Scout/Guide/NCC etc.

NO	Description	level	

9. Any Other Curriculum
10. Expected Honorarium.....

Total Enclosure

Signature of Applicant

FOR OFFICE USE ONLY

Received Application form from Mr./Mrs/Miss-----for the
Post of-----as on dated-----.

Signature

Signature
Chopsni Shiksha Samiti.
Chopasni, Jodhpur



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“ आवेदन – पत्र ”

फौटू

आवेदित पदनाम.....

1. आवेदक का नाम :-.....
2. पिता/पति का.....
3. जन्म तिथि :-..... आयु वर्षों मेंआधार कार्ड न0.....
4. स्थाई पता :-.....
.....जिला:-.....मोबाईल न0.....
5. केटेगरी:- सामान्य/पूर्व सैनिक/अपिजा/अजा/अजजा :-.....

6. योग्यता :- शैक्षिक योग्यता:-

क्र.सं.	परीक्षा का नाम	विषय (ऐच्छिक)	संस्थान का नाम	प्रतिशत
01	सैकण्डरी			
02	हायर सैकण्डरी			
03	स्नातक			
04	अधिस्नातक			

प्रशैक्षिक योग्यता:-

क्र.सं.	परीक्षा का नाम	विषय (ऐच्छिक)	संस्थान का नाम	प्रतिशत
01	एसटीसी/बीएड/एम.एड			
02	पीएचडी/नेट/स्लेट			
03	अन्य			

7. कार्यनुभव :-

क्र.सं.	संस्थान का नाम	कार्य	अवधि (वर्ष में)
01			
02			
03			

8. अन्य विशेष विवरण :- खेल/स्काउट/गाईड/एनसीसी इत्यादि:-

क्र.सं.	विवरण	स्तर

9. भाषा का ज्ञान :-

भाषा का नाम	पढना	लिखना	बोलना

10. अपेक्षित मासिक मानदेय :-

सलग्नक संख्या.....

हस्ताक्षर आवेदक

आवेदन प्राप्ति रसीद

दिनांक.....को श्री/श्रीमती/ सुश्रीका पद.....हेतु आवेदन पत्र प्राप्त हुआ ।

हस्ताक्षर

आवेदन प्राप्तकर्ता

1.Minimum Educational/Training Qualification

No	Post	Academic	educational	Minimum work experience
01	Principal	Post Graduate	M.ED	05 Years
02	Assistant professor	Post Graduate/PHD	B.ED/M.ED, NET	03 Years
03	Senior Teacher (JJ)	Graduate /Post Graduate	B.ED	03 Years
04	Mother Tacher(PRT)	Graduate	BSTC/B.ED	03 Years
05	Librarian	Graduate	B.Lib	03 Years
06	Physical Teacher	Graduate	BPED/DPED	03 Years
07	Legal Assistant	L.L.B		05 Years
08	Accountant	Graduate	tally Accounting	03 Years
09	Lab Assistant	Graduate		
10	Clerk	Graduate	R.S.C.I.T	03 Years
11	Laboratory Assistant	Higher Sec.	---	----
12	Support Staff	secondary	--	----

1. Age: Minimum age 21 years and maximum 40 years as on 31.01.2026
2. (Maximum age 60 years for the post of Principal)
 - a. For Assistant Professor in a college, the qualification and age will be as per the rules issued by the UGC/National Council of Education.
3. Applicants should submit the application form along with self-attested documents in the office of Chopasni Shiksha Samiti (time - 10 am to 4 pm) by the **last date 10 Feb.(Tuesday)**.
4. The applicant should carefully fill the information in the new application form by himself.
5. Only Hard copy of Application form will Accepted and Application addressed to the Secretary, Chopasni Shiksha Samiti, Jodhpur, Pin code-342008

Secretary
Chopasni Shiksha Samiti
Jodhpur

