



Office of The Chopasni Shiksha Samiti, Chopasni, Jodhpur

Email:-chopasni.100yrs@gmail.com Website:www.chopasnishikshasamiti.com

Mobile No:- 8619676200

Ref.No/CSS/Jodh/2024/ 1612

Date:- 05 Nov 2024

VACANCIES FOR

1. Chopasni Shiksha Samiti, Chopasni, Jodhpur (RAJ.) Invites Applications For The Under- Mentioned 05 Posts:-

Ser	Name ofPost	No of Vacancy	Eligibility	Experince
(a)	Accountent	03	Graudation+Tally ERP-9	02 Year
(b)	Account Clerk	02	Graudation Hindi & English Typing 40 Wpm Minm. Microsoft Word + Excell Knowledge	02 Year
-	Total	05	-	-

2. Please read carefully Introductions :-

1. Applicants should submit the application form along with self-attested documents in the office of Chopasni Shiksha Samiti (time - 10 am to 5 pm) by the **last date 18 Nov2024 (Monday)**.
2. The applicant should carefully fill the information in the new application form by himself.
3. Application forms received on Chopasni Shiksha Samiti's e-mail or WhatsApp will not be accepted.
4. Process to apply:- Download the recruitment application form (Page no 2-3) available on the website and fill in the required information (copy of educational qualification, copy of experience, latest colour photo, Aadhar card copy, mobile number etc.) and send it to the Chopasni Shiksha Samiti office personally or by post. If the received recruitment application form contains incorrect information, the application form can be cancelled. All the original documents mentioned/attached in the application form should be available at the time of interview. Photocopy of any document will not be accepted.
5. Eligibility and educational qualification:- Eligibility for the above mentioned posts is as per the eligibility of the post.
6. Selection process:- The applications received in the Chopasni Shiksha Samiti office will be called for interview after analysing the recruitment applications received by the expert team. After the interview, the finally selected applicants will be given appointment.
7. Chopasni Shiksha Samiti can reduce or increase the required posts.
8. All rights will be under Chopasni Shiksha Samiti.
9. Applicants can also get information from the official website www.chopasnishikshasamiti.com of Chopasni Shiksha Samiti. Apart from this, for any kind of guidance/information/clarification, one can contact the office located at Chopasni Shiksha Samiti Campus, Jodhpur in person or on telephone number 8619676200. All correspondence should be addressed to the Secretary, Chopasni Shiksha Samiti Campus, Jodhpur, Pin Code-342008.

Secretary
Chopasni Shiksha Samiti
Jodhpur



Office of The Chopasni Shiksha Samiti, Chopasni, Jodhpur

Email:-chopasni.100yrs@gmail.com Website:www.chopasnishikshasamiti.com

Mobile No:- 8619676200

APPLICATION FORM

01 Application For The Post Of : _____

02 Name : _____

03 Date of Birth & Age : DOB _____ Age _____

04 Gender (M/F) : _____

05. Name of the father : _____

06. Marital Status : _____

07. Nationality : _____

08. Caste Category : _____
(GEN/OBC/SC/ST)

09. Mobile No : _____

10. Adhar Card No : _____

11. Email ID : _____

12. Languages known : _____

13. Salary expected : _____

14. Correspondence Address : _____

15. Permanent Address : _____

Affix passport size
photograph

16. **Qualification** (Fill up Columns As applicable and Attach all the attested testimonial)

ACEDMIC QUALIFICATION					
Sr. No	Qualification	Subjects	Institution / Board / University	Year of Passing	Division & %
(a)	SSLC/ Class-X				
(b)	Intermediate				
(c)	Graduate				
(d)	Post Graduate				
(e)	RS-CIT				

(f)	Tally				
(g)	Hindi&Eng Type	Speed			
(h)	Any other				
(i)	Any other				

17. Previous Experience _____ Years ____ Months

Sr. No	NAME AND LOCATION OF THE INSTITUTION	Post	PERIOD OF EMPLOYMENT		TOTAL EX.	
			From	To	YEARS	MONTH
(a)						
(b)						
(c)						

18. Any other information which you would like to give

19. Declaration :-

- (a) I hereby declare that information furnished above is true to the best of my knowledge.
- (b) I hereby submit copies of certificates (Qualification, experience and Caste in case of OBC/SC/ST).
- (c) I am fully aware that if it comes to notice at any time during verification of certificates and during my service that false information has been furnished or that there has been suppression of actual information in the application form, my candidature would be liable to be terminated solely on this ground.

Date & Place: _____

(Signature of the Candidate)

APPLICATION RECEIPT (ONLY USE BY CSS OFFICE)	
Shri/Smt	Father/ Husband Name
Application Form For Post Of	Received On Date
Thank You	
Office Superintendent	