



# TRIPURA BOARD OF SECONDARY EDUCATION

AGARTALA : TRIPURA

## APPLICATION FOR EXAMINERSHIP / SCRUTINIZERSHIP

1. Name in Full : .....  
(in block letters)

2. Designation : .....

3. Scale of Pay : .....

4. Date of Birth : .....

5. a) Name and address of the present school : .....

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b) Date of joining the teaching profession .....

6. Mobile Number : .....

7. Name of Examination and subject for which examinership/ scrutinizership is sought :-

Category	Preference	Subject	Examination	Remarks
Theory Paper	1 <sup>st</sup> Preference			
	2 <sup>nd</sup> Preference			

8. Particulars of Education (Academic & Professional):-

Examination passed (from matriculation or equivalent)	Year	Division/ Grade	% of marks obtained	Board/ University	Main Subjects offered	For office use only
Madhyamik						
H.S. (+2 Stage)						
B.A./B.Sc/B.Com (Pass/ Hons.)						
M.A./M.Sc./M.Com						
D.Lit/ Ph.D						
B.T/B.ed/L.T/DL.Ed						

9. Permanent Home address .....

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10. a) Having Experience of Examinership/ Scrutinizership (YES OR NO) : \_\_\_\_\_  
(If yes please put your registration no./ code no.)

b) Experience as Examiner of the Board/ University.

Examination	Examiners Registration No.	Subject(s)	Years for which you served as an examiner (State reference No.)		Board/ University	Remarks (for office use only)
			Year	Registration No. /Code No.		

11. Teaching Experience in recognised High/ Higher Secondary Schools.

Name of School	Subject taught (for which examinership is sought)	Work load per week				Period of experience in teaching the subject continuously
		Class IX	Class X	Class XI	Class XII	

12. Any other information which you like to furnish in connection with your application for examinership .....

Date .....

Signature of the applicant

I certify that the particulars given in the application form have been carefully verified and found correct.

Signature of the Head of the Institution with seal.