

OFFICE OF THE PRINCIPAL GANDAPATRAPALI GOVT.HIGHER SECONDARY SCHOOL At/Po-Gandapatrapali, Block -Saintala, Dist-Balangir, Pin-767032 UDISE CODE-21241205401, gmail- gandapatrapaligovthss@gmail.com

Letter No. 02

Date- 26 08 25

Advertisement For Engagement of Guest faculty for the session 2025-26

Advt. No. 001 Dt-26.08.2025

Applications are here by invited from the intending candidate for the engagement and empanelment of Guest faculties for Higher Secondary Classes (+2) in subjects (English, Odia, Political Science, History, Economics, Odia (optional)) for the session 2025-26 or till the vacancies are filled up whichever is earlier. Retired Govt. / Non-Govt. Aided Lecturers below 65 years of age / fresh candidates who have secured minimum 50% marks in PG in respective subject may apply with their complete Bio-data with one set of self attested xerox copy of all certificates and mark sheets from HSC to PG & B.Ed alongwith two recent self-attested photo copies. Original are to be produced at the time of document verification. The candidate must apply on or before 10th Sept. 2025 positively. Application received after due date will not be entertained. Application to be submitted in prescribed format attached here with through Offline Mode during the office hour except government holidays to the O/o the Principal, Gandapatrapali Govt Higher Secondary School, Gandaptrapali, At/Po:Gandapatrapali, Block:Saintala, Dist: Balangir PIN:767032 . The candidates having M.A, B.Ed. Degree and PGDCA will be given weightage. The Remuneration is @Rs.400 per class subject to a maximum of 50 classes in a month. The Principal reserves rights to cancel part or whole of the selection process with out assigning any reason thereof. No TA/DA admissible for the purpose.

N.B: for details contact Ph no. 9439236468 ,8249190773,9937667654

Gendapatrapali Gort. Higher Secondary School

CANDIDATE INFORMATION FORM

Fat Da WI	me In Tu her's /H te of Bir hether	ill fin BLOCK LE th : 5C/ST/OBC/Ge	Age:		nito:		Latest Photograph of the Candidate	
M;	orital Si	tatus : Married	/ Unmarried		retu:			
Tel	L /Mobi nail ID	lle No.				_	1.	
A:	ldress fo	or Corresponde val Qualification	nce :					
	Sl.No.	Name of Examination	Name of School / College/Board/ University	Year of Passing	Subjects (+2 and above (Three main Subjects only)	/Class	Percentage	
						-		
Te	aching i	Experience (()f						
	SI.No	From	To	Post he	td	Name of the Office		
	36,140	7100						
				-				

Declaration

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of my information being found laise or incorrect at any stage, my candidature/ appointment shall be liable to cancellation / termination without notice or any compensation in lieu thereof.

		0.40		
Signature	of	the	candidate	