

Post Applied for _____											
Name	First Name	Middle Name	Surname / Last Name								
	-----	-----	-----								
Sex	M F	Date of Birth	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Age		Marital Status									
Religion		Category	SC /ST /OBC/ GENERAL Caste : _____ Sub Caste : _____								
Nationality		Mother Tongue									
Address for Correspondence	----- -----										

City : _____	Pin Code : _____	State : _____
Tel. No. : _____	Mobile No. _____ , _____	
Email : _____		

Family Information :

Father's Name : _____	Occupation : _____
Mother's Name : _____	Occupation : _____
Spouse's Name : _____	Occupation : _____
Spouse's Qualification : _____	Present Organisation and designation : _____

Child / Children's details :

Name	Age	Current Class	School's Place

Education Qualification :

Qualification	Subjects & Specialisation	Year of Passing	Full time / Part time / Distance	Name of School / College	Marks out of	%
Class X						
Class XII						
Bachelor's Degree						
B.A. <input type="checkbox"/>	1 st Year					
B.Com. <input type="checkbox"/>	2 nd Year					
B.Sc. <input type="checkbox"/>	3 rd Year					
Others <input type="checkbox"/>						
Master's Degree						
M.A. <input type="checkbox"/>						
M.Com. <input type="checkbox"/>						
M.Sc. <input type="checkbox"/>						
M.C.A. <input type="checkbox"/>						
Others <input type="checkbox"/>						
Professional Degree :						
Dip. in ECC Ed <input type="checkbox"/>						
D.Ed. <input type="checkbox"/>						
B.Ed. <input type="checkbox"/>						

B.P.Ed.	<input type="checkbox"/>					
M.Ed.	<input type="checkbox"/>					
M.P.Ed.	<input type="checkbox"/>					
Others	<input type="checkbox"/>					
CTET / STET / TET :						
Paper I	<input type="checkbox"/>					
Paper II	<input type="checkbox"/>					
Any other Qualification						

Proficiency in Language:

Language	Read	Write	Speak

Details of Extra Curricular Activities (Please mention activity, role, level and outstanding achievements, if any.)

Details of work experience:

Name of the Organisation / School and Board Affiliated to CBSE, SSC, ICSE	Period			Designation	Classes Taught	Subject Taught	Experience Certificate YES / NO
	From	To	Total Period				

Total Teaching Experience (in years)	
Other Professional Experience, if any (in years)	
Details of Last Drawn Salary and Benefits	
Salary per annum	
Other benefits received per annum (Medical Insurance, accommodation etc.	

Declaration

I _____ hereby declare that all the information furnished by me in this application is true to the best of my knowledge and belief. I will produce originals of certificates as required at any time.

Date : _____

Place : _____

Signature

- Please attach with this form copies of all relevant documents.