



## Staff's Application Form

Post applied for: \_\_\_\_\_

Department: \_\_\_\_\_

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### 1. Personal Information:

a) Applicants Name \_\_\_\_\_

 b) Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
                   DD                  MM                  YY

 Unmarried  Married  Separated / Divorced 

c) Nationality \_\_\_\_\_ Religion \_\_\_\_\_

d) Passport No. \_\_\_\_\_ Valid upto \_\_\_\_\_

e) Residential Address \_\_\_\_\_

\_\_\_\_\_ Tel. No. \_\_\_\_\_

f) City \_\_\_\_\_ Pin \_\_\_\_\_ State \_\_\_\_\_

g) Number of children:

Class

Present School

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**2. Family History:**

a) **Spouse's / Father's Name** \_\_\_\_\_

b) **Occupation** \_\_\_\_\_ **Designation** \_\_\_\_\_

c) **Official Address** \_\_\_\_\_ **Tel. No.** \_\_\_\_\_

d) **Proficiency in languages (spoken & written)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**3. Educational History:**

<b>Year</b>	<b>School / College Attended</b>	<b>Board</b>	<b>Subjects</b>	<b>%Marks</b>	<b>Division</b>	<b>Remarks</b>

a) **Exceptional Academic Achievement, if any** \_\_\_\_\_

\_\_\_\_\_

b) **Participation in activities** \_\_\_\_\_

\_\_\_\_\_

**(Attach - attested certificates)**

c) **Posts held, if any** \_\_\_\_\_

(Attach certificate)

**4. Professional Experience:**

<b>Name of the Employer</b>	<b>Name of the school / college</b>	<b>Subjects taught</b>	<b>Classes</b>	<b>Worked from-to</b>	<b>Salary Drawn</b>	<b>Reason for leaving</b>

**KINDLY ATTACH EXPERIENCE CERTIFICATES**

a) **Exceptional Professional Achievement, if any** \_\_\_\_\_

b) **Formal training in fine arts / dance / music / others.** \_\_\_\_\_

c) **Proficiency / training in any sport** \_\_\_\_\_

d) **In - service training or National level, International level Seminars /Conferences attended** \_\_\_\_\_

e) **Publications, if any** \_\_\_\_\_

f) List your hobbies or interests \_\_\_\_\_

\_\_\_\_\_  
[Note - All the above information must be supported with documents]

5. Two References from prominent people known to you for the last 5 years.

(Address - Designation & Tel. No. must be mentioned)

_____	_____
_____	_____
_____	_____
_____	_____

6. Relieving letter and No dues certificate from the last employer \_\_\_\_\_

\_\_\_\_\_

Statement - \_\_\_\_\_ I declare that the information I have provided on this form is complete and correct. I am aware that my services are liable to be terminated without notice, if any of the above information is proved false.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_