



## APPLICATION FORM

Form No \_\_\_\_\_

### Personal Profile

Full Name : \_\_\_\_\_

Surname

Name

Middle Name

Father's / Husband's Name : \_\_\_\_\_

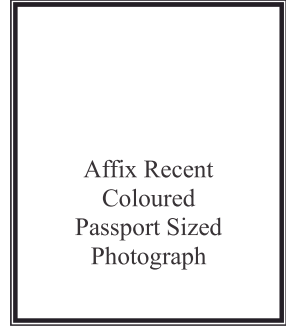
Sex : Male  Female

Present Occupation (Self) : \_\_\_\_\_

Father's / Husband's Occupation : \_\_\_\_\_

Date of Birth : (dd/mm/yy) \_\_\_\_\_ Religion : \_\_\_\_\_ Cast : \_\_\_\_\_

Marital Status : \_\_\_\_\_ No. of Children : \_\_\_\_\_ Other Dependants : \_\_\_\_\_



Post Applied for : \_\_\_\_\_

### Address:

Present Address		Permanent Address	
City: _____	City: _____		
Phone (R) : _____	Phone (O) : _____		
Email : _____	Mobile : _____		

### : Educational Profile:

Complete Educational Qualifications:

Level	Degree	Stream	Medium	Year	%	Board / University	Main Sub.	Regular/ Correspondence
Professional								
Post Graduation								
Graduation								
Higher Secondary								
Secondary								
Any Other								

Preference of Subjects and class			Preference in other areas of interest		
	Subject	Class		Area	Level
1					
2					
3					
Minimum Expected Consolidated Salary					
Salary Drawn					
<b>Tick skills / activities that you can conduct or teach :</b>					
<input type="checkbox"/> Yoga	<input type="checkbox"/> Indian Classical Music	<input type="checkbox"/> NCC	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Dance	
<input type="checkbox"/> Aerobics	<input type="checkbox"/> Indian Classical Dance	<input type="checkbox"/> Elocution	<input type="checkbox"/> Story Telling	<input type="checkbox"/> Ceramics	
<input type="checkbox"/> Pottery	<input type="checkbox"/> W / Classical Dance	<input type="checkbox"/> Photography	<input type="checkbox"/> Cultural Act.	<input type="checkbox"/> Astronomy	
<input type="checkbox"/> Craft	<input type="checkbox"/> W / Classical Music	<input type="checkbox"/> Horticulture	<input type="checkbox"/> Environment	<input type="checkbox"/> Music	
<input type="checkbox"/> Sports (Specify)					
Any other :					

What proficiencies do you have in computer technology?

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### Employment Record:

(Beginning with most recent)

Name of Organization : \_\_\_\_\_

Address : \_\_\_\_\_ Phone No. : (\_\_\_\_) \_\_\_\_\_

Your Job Title : \_\_\_\_\_ Supervisor's Name / Position : \_\_\_\_\_

From : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Salary Paid : \_\_\_\_\_

Grades or Subjects taught, if applicable : \_\_\_\_\_

Duties and Responsibilities : \_\_\_\_\_

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Reason For Leaving : \_\_\_\_\_

**: References :**

Please indicate the name of two persons who know you well but are not related to you.

	<b>1</b>	<b>2</b>
Name :		
Designation :		
Organization :		
Address :	_____	_____
	_____	_____
	_____	_____
Phone :		

Notice period required to get relieved from the present institution.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Name in block letters**

\_\_\_\_\_

**President**