

APPLICATION FORM FOR OFFICE STAFF

POST APPLIED FOR.....



AFFIX
LATEST
PASSPORT SIZE
PHOTOGRAPH
HERE

1. Full Name 2. M/F
3. Father's/Husband's/Wife's Name
4. a) Father's Profession
Place of work & phone no.
- b) Mother's profession
Place of work & phone no.
- c) Spouse's profession
Place of work & phone no.
5. Date of Birth
Age on next birthday : Years
6. Mother Tongue
7. Language(s) commonly spoken at home
8. Local Address
.....
Phone Mobile No. E-mail:
9. Permanent Address
.....
10. Nationality
11. Family status (Married/Unmarried/Divorced/Separated)
12. No. of children age and sex and, if studying, name of the institution(s)
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13. Academic & Professional Qualifications (Attested copies of certificates to be attached)

Examinations Passed beginning from high school/higher sec. exam.	Subjects	Name of school/ college attended	% Marks & Div.	Univ./ Board	Medium of Instruction	External or regular Student	Year

14. Experience in recognized schools / Organizations. (Attested copies of certificates(s) from the Head of the Institution should be attached) :

Name of the Institution Where worked	Period : From/To	Duration	Post Held	Responsibilities / Duties Performed

15. Name of employer, date and reason for leaving – beginning with the most recent.

Name of the Organisation where employed	Date of appointment	Date of resignation/ termination	Post held	Reason for leaving

16. Total number of years of experience.....

17. Participation in Summer Institutes, Orientation Courses, Workshops, Seminars, In-service Training, etc. (use separate sheet if necessary).

Name of the Course	Institution/Organization & Place	Period : From/To	Duration

18. Achievement in Games/Sports/Athletics/NCC/Scouting/Girl Guide etc. Give details.

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19. Hobbies : Please specify extent of proficiency/seriousness

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20. Language proficiency:

Languages	Reading	Writing	Speaking

21. Grade, salary and other emoluments currently/last drawn :

Grade	Basic Pay	Other allowances	Total P.M.

22. Grade/Salary expected

23. If selected, when can you join

24. Places you have traveled to with purpose, duration and date:

Places Visited	Purpose	Duration & Date

25. Have you any dependents? Yes No. If yes, please indicate name, relationship and age :

Name of dependant(s)	Relationship	Age

26. List any major illness, if any,

27. Physical disability, if any

28. Have you been arrested, indicted, or summoned to Court as a Defendant in criminal proceedings or convicted, fined or imprisoned for violation of Law?

Yes No.

If yes, please give full particulars below:

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29. Any remarks you might like to make, thoughts you would like to share or views you would like to express. (Please write in your own language. Use a separate sheet if you wish).

30. REFERENCES (at least two) : Certificates from persons not related to you are to be attached.

1. NameProfessional status
 Address
 Phone (Res.) (Off.)

2. NameProfessional status
 Address
 Phone (Res.) (Off.)

I certify that the information given by me in this application form is true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or omission made herein or in any other document submitted to the school renders me liable to termination or dismissal.

Date Signature of Candidate

Place

For use by the Office of the School

1. Attested copies of Degree/Diploma Certificates and Statement of Marks as specified below :

Attested copies of	High Sch./ Higher Sec.	B.A./B.Sc.	M.A./M.Sc.	B.Ed./ M.Ed./	Any other/ Experience Certificate
Certificates					
Statement of Marks					