

DAFFODILS PUBLIC SCHOOL, SITAPUR 497111

TEACHER APPLICATION FORM

DATE _____

DD / MM / YYYY

POST APPLIED FOR _____

CLASSES TO BE TAUGHT _____

SUBJECTS / SPECIALIZATION _____

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS FOR COMMUNICATION

_____ TEL NO. (R) _____

E-MAIL _____ MOBILE _____

DATE OF BIRTH (DD / MM/ YY) _____ 4. AGE _____ YEARS _____ MONTHS

NATIONALITY _____ 6. RELIGION _____

MARITAL STATUS _____

FATHER HUSBAND

(I) FATHER'S / HUSBAND'S NAME _____

(II) ORGANISATION _____

(III) DESIGNATION _____

(IV) OFFICE ADDRESS _____

(V) TEL. NO. (O) _____ (VI) MOBILE _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE? YES NO

PRESENT / LAST EMPLOYMENT

NAME AND ADDRESS OF SCHOOL / ORGANISATION _____

ACADEMIC QUALIFICATIONS

EXAM PASSED	SUBJECTS	YEAR	PERCENTAGE	SCHOOL/COLEGE	BOARD/UNIV.
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TEACHING EXPERIENCE (INCLUDING YOUR PRESENT APPOINTMENT AND WORKING BACKWARD)

TOTAL TEACHING EXPERIENCE _____ YEARS _____ MONTHS

PRESENT / LAST JOB'S RESPONSIBILITIES (IN BRIEF)

GIVE DETAILS OF SEMINARS/WORKSHOPS ATTENDED BY YOU IN THE LAST 3 YEARS.

COURSE TITLE ORGANISATION / INSTITUTION DATE (DD/MM/YY)

GIVE DETAILS OF YOUR ADMINISTRATIVE EXPERIENCE OR ANY RESPONSIBILITY / DUTY EXECUTED AS INCHARGE

SCHOOL/COLLEGE POST TEAM/SOCIETY FROM (MM/YY) ACHIEVEMENT

LANGUAGES KNOWN SPEAK, READ & WRITE FLUENCY ENOUGH TO TEACH SPEAK ONLY

PLEASE MARK THE ACTIVITIES IN WHICH YOU CAN TRAIN STUDENTS

EXTRA CURRICULAR

- GARDENING BOOK KEEPING WOOD-CRAFT
- CLAY-MODELLING PHOTOGRAPHY HOME SCIENCE
- COMMERCIAL ART PAINTING YOGA
- EMBROIDERY COMPUTER SCIENCE SCHOOL BAND
- NURSING HANDICRAFTS FIRST AID
- N.C.C. SCOUTS & GUIDES
- VOCAL MUSIC & DANCE
- INSTRUMENTAL MUSIC GRAPHIC DESIGNING ART AND CRAFT

LITERARY

- QUIZ RECITATION DEBATES
- DECLAMATION ELOCUTION CREATIVE WRITING
- SCHOOL MAGAZINE NEWSLETTER COMPERING

ANY OTHER _____

HAVE YOU WON ANY CERTIFICATES / TAKEN TRAINING IN ABOVE ACTIVITIES? GIVE DETAILS

DETAILS OF ANY PAPER / ARTICLE / BOOK PUBLISHED

NAMES OF THE GAMES WHICH YOU CAN PLAY REGULARLY _____

WILL YOU BE ABLE TO PLAY THESE GAMES REGULARLY, IF REQUIRED TO DO SO? YES NO

ANY SPECIAL DISTINCTION ACHIEVED (SCHOOL / COLLEGE / ZONAL / STATE / NATIONAL LEVEL)

PROFICIENCY IN COMPUTER APPLICATION / SOFTWARE _____

FURNISH DETAILS OF ANY COURSE ATTENDED _____

GIVE TWO PROFESSIONAL REFERENCES (NOT RELATIVES) FROM WHOM CONFIDENTIAL REPORTS ABOUT YOUR WORK, CHARACTER, AND PERSONALITY MAY BE OBTAINED. AT LEAST ONE OF THEM MUST BE H.O.D. / HEAD OF INSTITUTION IN WHICH YOU HAVE WORKED

NAME DESIGNATION INSTITUTION ADDRESS TEL. NO. E-MAIL

STATE YOUR SALARY EXPECTATION FOR THE POST APPLIED FOR RS. _____

IF SELECTED, STATE THE EXACT PERIOD AFTER WHICH YOU CAN JOIN _____

IF SELECTED, HOW DO YOU PROPOSE TO CONTRIBUTE TO THE SCHOOL'S GROWTH AND EXCELLENCE?

DECLARATION

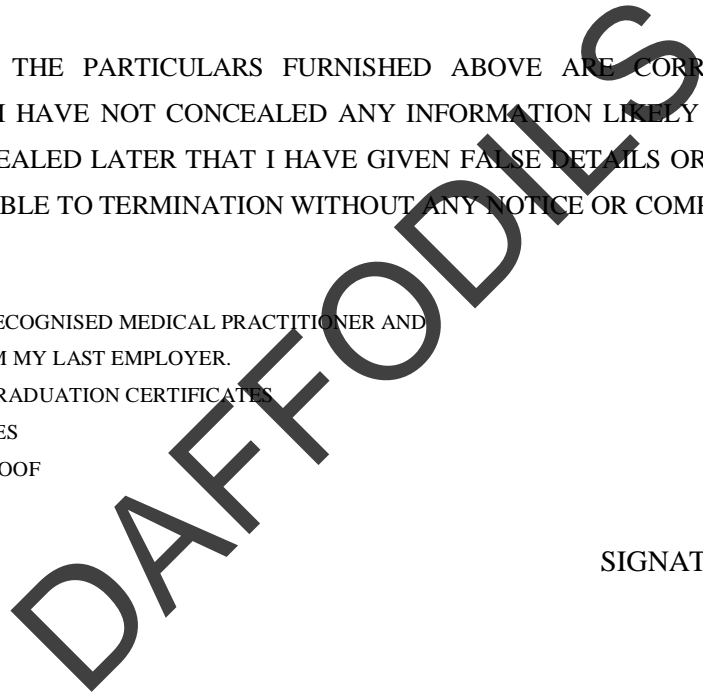
I HEREBY CERTIFY THAT THE PARTICULARS FURNISHED ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE NOT CONCEALED ANY INFORMATION LIKELY TO IMPAIR MY FITNESS FOR EMPLOYMENT. IF IT IS REVEALED LATER THAT I HAVE GIVEN FALSE DETAILS OR CONCEALED INFORMATION, MY SERVICES SHALL BE LIABLE TO TERMINATION WITHOUT ANY NOTICE OR COMPENSATION.

IF SELECTED, I SHALL PRODUCE

- (a) MEDICAL CERTIFICATE FROM RECOGNISED MEDICAL PRACTITIONER AND
- (b) EXPERIENCE CERTIFICATE FROM MY LAST EMPLOYER.
- (c) 10TH, 12TH, GRADUATION, POST GRADUATION CERTIFICATES
- (d) ANY PROFESSIONAL CERIFICATES
- (e) LIVING CERTIFICATE AND I.D. PROOF

DATE

SIGNATURE OF THE APPLICANT



FOR OFFICE USE ONLY:

CALL FOR INTERVIEW: _____

REMARKS

CHECKING OF CERTIFICATES (TO BE TICK MARKED)

CERTIFICATE CHECKED

ID PROOF (DOB & ADDRESS) _____

SECONDARY _____

SR. SECONDARY _____

GRADUATION _____

B. ED. _____

POST GRADUATION _____

EXP. CERTIFICATES _____



Applicant Name _____

Date of Birth _____

Father's Name _____

Mother's Name _____

Contact Number _____

Present Address _____

Permanent Address _____

The whole qualification till 2017

	STANDARD	PERCENTAGE	BOARD	SESSION
1				
2				
3				
4				
5				
6				
7				
8				

DAFFODILS

I _____ hereby approve that all the information given in page 1, 2, 3 and 4 are true to the best of my knowledge and belief. If any of the given information is found false sooner or later, I shall be blameworthy and therefore the Institute has absolute power to terminate me from the service without any prior notice or compensation. I also agree with all the school rules and regulations to be followed until the 2017-18 educational session gets over.

Here after providing all must information to D.P.S. if I am found proficient for any of the required teaching post I shall render my service from 16th June 2017 to 31st March 2018.

DATE
PLACE

SIGNATURE OF THE APPLICANT

PERSONAL FITNESS FORM

TO BE FILLED AND SIGNED BY THE APPLICANT

1. NAME _____

LAST FIRST MIDDLE

2. HEIGHT _____ CMS

3. WEIGHT _____ KGS

4. VISION

LEFT EYE _____ RIGHT EYE _____

5. HEARING

LEFT EAR _____ RIGHT EAR _____

6. BLOOD PRESSURE _____ ON DATE _____

7. DO YOU HAVE DIABETES? YES NO

8. PERSONAL IDENTIFICATION 1 _____

PERSONAL IDENTIFICATION 2 _____

9. MAJOR ILLNESS (ES) IN THE PAST OR PRESENT, IF ANY

DECLARATION

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DATE

PLACE

SIGNATURE OF APPLICANT

DAFERODILS