

D.A.V. FERTILIZER PUBLIC SCHOOL



INDIRADHAM, BABRALA, SAMBHAL (U.P.) 242021

Application for the post of (Meant for one post only)

1. NAME OF THE APPLICANT (BLOCK LETTERS)

				•••••				
2. Fa	ther's Name							
3. Ac	ldress (For Corres _l	pondence)					
			Tel. No)		Mob		
E Ma	ail ID							
4. Pe	rmanent Address .							
		Tel. NoMob						
5. Da	ate of birth (in figure	es)						
	(in word	s)						
6. Pla	ace of birth:			7. Mc	other tongue	ə		
7. Eff	iciency in written a	nd spoker	n: Very Good	l / Good / Fair / N	one			
i) E	English	i	i) Hindi		iii) Any othe	er language		
8. Ma	arital Status	1	f married, N	ame & Education	of Spouse			
No	o. of children with a	ge						
9. Qı	ualifications: -							
S.N.	Degree/Diploma	Year of	Name of	Regular /	Marks	Maximum	% of	Subject
		passing	Board/	Private/Corresp	Obtained	marks	marks	offered
			University		/ Grades			
i)	High School/							
	Secondary level							
ii)	Intermediate/							
	senior							
	secondary							
iii)	B.A./ B.Sc/							
	B.Com							
iv)	M.A./ M.Sc /							
	M.Com							
v)	B.Ed				Th:			
	(NCTE				Pract:			
	Recognised)							
vi)	M.Ed							

vii)	CTET/TET-												
	Paper1												
viii)	CTET/TET-												
	Paper-2												
Note: Self attested photocopies of the certificates to be attached with the filled form.													
10. Games played													
11. Standard achieved (Represented College, University, State)													
12. Creative Activities (Art, Craft, Music, Dramatics, Debate, Dance etc.)													
13. Standard Achieved													
14. E	xperience (only o	f recognise	ed Institutio	n)		•••••							
S.N.	Name of	From	То	Total	Classes	Subjects	Medium	Tota	al Salary				
	institution and			Exp.	taught	taught	of						
	place						teaching						
15. Details of Published work													
16. R	eferences (Give naı	mes, profes	sion and add	Iresses of	two referen	ces who are	not the relativ	e of the o	candidate)				
i)		·											
.,													
ii													
DECLARATION BY THE CANDIDATE													
I hereby declare that all the information provided by me in this form is true and complete to the best of my knowledge & I bear the responsibility for the correctness of the above-mentioned particulars.													
O	Tilly knowledge c	x i bear tire	, 163pon3ibi	inty for a	ic correcti			nea pai	ticalars.				
	Date:			Sign	ature								
	Place:												
Place:													
All Photocopies have been checked & verified with the original documents & found correct.													
Signature													
	Name												
						INGILIE			•••••				