



BRIJ LAL JINDAL

D.A.V. PUBLIC SCHOOL, JAKHAL MANDI

(Under the direct control of DAV College Managing Committee, New Delhi)

APPLICATION FORM

Form of Application for the post of: _____

1. Certified copies of testimonials should be attached with the application.
2. Testimonials, in original, must be produced at the time of interview.
3. Applicants called for interview will come at their own expenses.

1. Post for which applying.....

2. Name of the Candidate

(in block letters) Mr./Miss/Mrs.....

3. Father's/Husband's Name

4. Complete Present Postal address

.....Phone No.: (O) (R) E-mail

No.....

5. Date of birth (in figures): Age

(in words):

6. **Qualifications:**

Examination	Name of School/College	Board /Univ.	Subjects offered/ Subject Combination in B.Ed	Year of Passing	Div. %age Marks obtained	Remarks if any
a) Matric/Secondary						
b) Hr. Sec./Sr.Sec.						
Inter/PUC.						
c) B.A./B.Sc./B.Com.						
d) M.A/M.Sc./M/Com.						
e) B.Ed.						
f) CTET (Level) →			L-1 L-2 L-3			
g) HTET (Level) →			L-1 L-2 L-3			
h) Any other Quali. CBT						

7. **Teaching Experience:**

Name of School	Period of Services		Design.	Class & Subject (s) taught	Experience	
	From	To			Years	Months
a)						
b)						
c)						
d)						
e)						

Total Teaching experience at Primary Secondary Sr. Secondary.....

8. **Educational Administrative Experience:**

Name of School	Designation	Nature of Job	Period		Total Admn. Exp. In years & months
			From	To	
a)					
b)					
c)					
d)					

Total Educational Administrative experience

9. **Experience of attending in-service Programmes as Participant/Resource Person (Last 3 Years):**

Particulars of the programmes such as Seminars, Workshops etc.	In what capacity	Period		Organized by	Remarks, if any
		From	To		

10. **State / National Award (s) won, if any:**

(a) As student.....

(b) During service.....

11. **Other interests (Physical/Co-curricular/Social, etc with achievements), if any:**

- a) b)
c) d)

12. **Notice period required and joining time, if selected.....**

13. **Give the names of two references who may certify your capability to work as a Teacher of an institution:-**

I Name
Designation Address &
Tel.No.

14. I Solemnly declare that the statements made by me are correct to the best of my knowledge and belief.

Place :

Signature of Candidate :

Date :

Name :

Mobile No:.....

