	<u>APF</u>	PLICATIO	ON FORM FOR SEL (To	ECTION : ARM Be Filled in Dupl		OOL TALBE	<u>HAT</u>		
1.	Name	lame of Applicant				Eligibility Checked.			
			(To be	e Filled By Cand	didate)	(Signature)			
2.	Applie	lied For (Post) :			Paste Recent Passport Size Photograph Here				
3.	Perso	onal Data	a :-						
	(a)	Name in Full Mr/Mrs/Miss				(In Block Letters)			
	(b)	Son/Daughter/Wife of							
	(c)	Date of Birth							
	(d)	Age As	on 01 April	Years	Month	ns of Current	Year		
	(e)	Address	S						
	(f)	Mob/Te	le No	E-N	Mail ID				
4.	Educational Qualifications:- (Applications for the post of Principal/Teachers to give particulars of all examinations they have passed from graduation onwards. Applicable for administrative appointments to mention academic qualification achieved).								
	Exar	mination	Board/University	Year	Subject T	aken	% of Marks Obtained		

	Period		School / Fmn Subject Taught & L		evel Classes					
	F	rom	To	00110017111111	July Jose Taught a 2010	Taught				
6.	Merit	lerit Scholarship Won? Details								
7.	Class	asses You Prefer To Teach								
8.	Famil	Family								
	(a)	(a) Martial Status : Single / Married / Widow								
	(b)									
	. ,	(c) No of Children with Age & Sex								
9.	-	Aptitude								
	` ,	(a) Teaching (Specific Subjects)								
	` ,	(b) Other Area								
	(c) Proficiency in Games									
	(d) Hobbies									
10.	Aspir	ation (Wh	nich you belie	ve will be valuable to	o this Institution)					
11.		ou present	ly working? (S	State Yes/No)		If Yes, Given				
Follow	/ing:- (a)	Annointm	ent & Instituti	on with Date						
	· · · · · ·									
40	(b) Total Salary Drawn									
12.	Certificate (a) Name and complete address									
	(a) Name and complete address									
	(b) I, solemnly state that all the above particulars / statements are true to the best of my knowledge and belief. I also understand that in case any particulars given above are found to be false at any later date, my services will be terminated without given any prior notice.									
	to be false at any later date, my services will be terminated without given any prior notice and I will liable to pay damages as decided by the management.									
	Date: (Signature of					oplicant)				
Note:	- 1.	This form is	s to be submitted	d in duplicate to the scho	pol.					
	2. 3.									