



Bal Bharati Public School

APCPL-IGSTPP, JHARLI, JHAJJAR, HARYANA - 124141

Application Form for Teaching Staff

Part A

Post applied for: _____

(To be filled in candidate's handwriting)

Affix your
passport size
photograph here.

1. Name Mr./Mrs./Ms. _____

2. Date of birth: _____ Present Age: _____

3. Nationality: _____

4. Marital Status: _____

5. Number of children and their details:

| S.No. | Name | Gender | Date of Birth and age | School/ college |
|-------|------|--------|-----------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

6. Father/Spouse Name: _____

7. Occupation of father/spouse: _____

8. Home Address for correspondence: _____

9. Telephone/mobile number: _____

10. Email Id: _____

11. Permanent Address: _____

12. Any major ailments/health concerns for which you have undergone/are undergoing treatment. If yes, please provide details:

13. Has there been any legal proceedings against you ever? If yes, give details:

14.Academic Qualifications

| Examination | Year of passing | Subjects | School/Board/ College/ University | Marks (%) | Medium of Instruction | Mode | |
|--|-----------------|----------|-----------------------------------|-----------|-----------------------|---------|----------|
| | | | | | | Regular | Distance |
| Secondary | | | | | | | |
| Sr. Secondary | | | | | | | |
| Graduation (B.A/ B.Sc/ B Com./ Any other (Please specify) | | | | | | | |
| Post-Graduation (M.A/ M.Sc/ M Com./ Any other (Please specify) | | | | | | | |
| Any Other | | | | | | | |

15.Professional Qualifications

| Qualification | Year of passing | Subjects | College/University | Marks (%) | Medium of Instruction | Mode | |
|---------------|-----------------|----------|--------------------|-----------|-----------------------|---------|----------|
| | | | | | | Regular | Distance |
| NTT | | | | | | | |
| B.Ed. | | | | | | | |
| M.Ed. | | | | | | | |
| Any other | | | | | | | |

16.CTET Qualification: Please provide the relevant information. (applicable for post of PRT and TGT)

| CTET Paper | Year of Passing | Marks (%) |
|------------|-----------------|-----------|
| Paper 1 | | |
| Paper 2 | | |

17.Details of teaching experience:

| Name of institution with address | No. of years and months, from ---to---- | Designation and brief description of duties performed | Classes & subject taught | Permanent /temporary | Total emoluments drawn/grade | Reason for leaving |
|----------------------------------|---|---|--------------------------|----------------------|------------------------------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

18.Knowledge of foreign language if any: _____

19. Computer Proficiency: tick the applicable boxes.

- ☐ MS Excel
- ☐ MS Word
- ☐ MS Power Point
- ☐ MS Publisher
- ☐ MS Team/Zoom/Google Meet

20.Co-curricular activities (Photography, Dramatics, Animation, Music, Dance etc.) in which you can train students:

21.Literary activities (Debates, Creative writing, Quiz, Event Compering) in which you can guide students:

22. Details of participation in Sports activities and the level (School/College/Zonal/Inter Zonal/State/National):

23.Mention any course you are pursuing at present. Will you require any leave on this account? _____

24.Are you a parent with us? If yes, please give details:

25. Are you an Alumnus of the school? _____

Please attach copies of relevant documents (mark sheets, experience certificates etc.)

Declaration: I hereby certify that all statements made, and information given by me in this application form are true, complete, and correct to the best of my knowledge and belief. In the event of any information or part of it being found false or incorrect before or after the interview or appointment, action can be taken against me by the School and my candidature/ appointment shall automatically stand cancelled/ terminated.

Place: _____

Date: _____

(Full Signature of the Applicant): _____

To whomsoever it may concern

I _____, certify that no case or complaint has been lodged against me regarding POCSO Act/Corporal Punishment/Abuse.

Name: _____

Sign: _____

Date: _____