

PROFESSIONAL QUALIFICATIONS (IF ANY)	
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METHODS OFFERED AT B.ED/PTC/MONTESSORI LEVEL	
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DID YOU HAVE NCC AT SCHOOL / COLLEGE LEVEL (IF YES, GIVE DETAILS AS TO WING, MONTH OF PASSING 'C' CERTIFICATE ETC)	
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DO YOU KNOW COMPUTER?	<ul style="list-style-type: none"> • BASIC / MS OFFICE or • ANY OTHER(SPECIFY)
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DO YOU KNOW HOW TO OPERATE SMART CLASS ? (IF YES, SPECIFY DETAILS)	
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SPECIAL ACHIEVEMENTS	
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EXTRA CURRICULAR ACTIVITIES	
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HOBBIES	
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TRAINING PROGRAMMES ATTENDED	
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TRAINING PROGRAMMES CONDUCTED (AS FACULTY)	
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YOUR MISSION ? OBJECTIVE /GOALS	
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EMPLOYMENTS DETAILS : (START WITH PRESENT EMPLOYMENT)

SR. NO.	NAME OF EMPLOYER	NATURE OF DUTIES PERFORMED	PERIOD OF EMPLOYMENT FROM / TO	POSITION HELD		GROSS SALARY DRAWN	REASONS FOR LEAVING
				START	LEAVING		
1.							
2.							
3.							

REFERENCES (NOT RELATIVES)					
SR. NO.	NAME & ADDRESS	OCCUPATION	YEARS KNOWN	EMAIL ADDRESS	REMARKS
1.					
2.					

DETAILS REGARDING PHYSICAL HEALTH (PLEASE MENTION DETAILS) OR ATTACH A MEDICAL CERTIFICATE	
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YOUR VIEWS AS TO WHY YOU WANT TO JOIN THIS INSTITUTION	
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EXPECTED MONTHLY SALARY	
WHEN YOU CAN JOIN THIS INSTITUTION, IF SELECTED/ NOTICE PERIOD FOR JOINING	

I solemnly confirmed and affirm that the information given above is true to the best of my knowledge and brief. I understand and agree that in case of non presentation / incorrect information, I will be liable for disciplinary action including termination from service or any other action deem fit by the management.

Date :

Signature of Applicant

Place :