



VISHWA BHARATI PUBLIC SCHOOL

Noida

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Greater Noida

Sector Beta-1, Ph: 0120-2322813,

Email-principalvbpsgrnoida@gmail.com

Dwarka

Sector-6, New Delhi, Ph: 25082884, Email-vbpsdwarka@yahoo.co.in

Ghaziabad

Sushant Aquapolis, U.P., Ph: 9958099753, Email-vbpsgzb@yahoo.com

Self Attested
Passport size
Photograph

APPLICATION FOR THE POST OF _____

PART ONE : PERSONAL INFORMATION

1. Name (Block Letters) _____
2. Gender : Male Female
3. Mother's Name & Occupation _____
4. Father's Name & Occupation _____
5. Qualification _____
6. Date of Birth Date Month Year
7. Passport No. 8. Pan No. 9. Driving License No.
10. Aadhaar No. 11. Blood Group 12. Nationality
13. Religion 14. Mother Tongue
15. Marital Status Married Unmarried Divorced
Widowed
16. Family Details (If married)
 - a) Name of Spouse _____
 - b) Occupation Govt./PSU Employee Private Service Self Employed
 - c) Name & address of the Organisation _____
 - d) Designation _____
 - e) Annual Income _____
 - f) Details about Children _____

S.No.	Name	Sex	Age	Institution in which they are studying

17. Present address for correspondence _____

18. Phone _____ Mobile _____ Email _____

19. Permanent Address _____

_____ Phone _____

20. Details of Foreign Travel _____

(If any)

21. Awards / Honours / Scholarships received if any

1) _____

2) _____

3) _____

PART TWO : ACADEMIC RECORD

(Write from latest to first)

S. No.	Exam Passed	Year	Name of Institute/ College/University	Course		%of Marks and Division	Subjects Offered
				Regular	Correspondence		

PART THREE : TEACHING/ADMINISTRATIVE EXPERIENCE

(give details of Institutions where you have worked from the latest to first)

S. No.	Institution	Post Held	Period		Classes Taught	Salary Drawn	Reason for Leaving
			From	To			

1. a) Total Teaching Experience Years Months

b) Total Administrative Experience Years Months

11. Name, designation, address and Tel .No of two references (Not related to you)

1. _____	2. _____
_____	_____
_____	_____

12. Ailment if any (Tick mark if any of these is applicable/cross if not applicable)

Blood Pressure	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Allergy	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Cardiac	<input type="checkbox"/>	Any other give details	<input type="checkbox"/>

13. If selected how much notice do you require? (State Period) _____

I hereby declare that the information furnished above is true. In case any statement is proved concealed or incorrect at any point of time, I shall be liable to such action as the management of the institution deems proper.

Date of application_____

Signature of Candidate

Withholding of any information shall lead to disciplinary action.

PART FIVE

List of enclosures: Self Attested copies of

- | | |
|---|--------------------------|
| 1. All Academic and Professional Certificates (Mark Sheet and Degrees) | <input type="checkbox"/> |
| 2. Experience and Conduct Certificate from Heads of Institutions served previously. | <input type="checkbox"/> |
| 3. Medical Certificate of fitness from Govt. CMO/Govt. Hospital | <input type="checkbox"/> |
| 4. Other Certificates in support of your claim about proficiency in Co-Curricular Activities etc. | <input type="checkbox"/> |
| 5. Two latest Passport size Photographs
(one to be pasted on form and one to be attached) | <input type="checkbox"/> |

Note:- Incomplete application will not be considered

(FOR OFFICE USE)

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| • Entrance Test
Marks: _____ | Call <input type="checkbox"/> | Reject <input type="checkbox"/> |
| • Preliminary Interview | Call <input type="checkbox"/> | Reject <input type="checkbox"/> |
| • Final Interview | Select <input type="checkbox"/> | Reject <input type="checkbox"/> |

Dated :

Signature of Principal