



Post Applied For:

Name (In block letters):

Father's/Husband's Name:

Date of Birth:

Nationality:

Contact Address:

Telephone:

Email:

Marital Status:

Number of children:

**Academic Qualification:**

Class	Subject	Name of the Board/University	Year of Passing	%
10				
12				
Graduation				
Post Graduation				
Professional Qualification:				
Others (If any):				

**Proficiency in language (Mark):**

Sr.No.	Language	Read	Write	Speak
1				
2				
3				
4				

**Details of work experince (Details of present Job first):**

Name of Institution	From	To	Subject & Classes taught	Salary

**Medical Fitness:**

You are medically fit to discharge the duties assigned to you by the school. Yea / No

If No state the medical condition

What are you Future goals?

What are your strengths and weaknesses?

Do you think all teachers should have training on the job? Give two reasons.

The most influential teacher in your school/college life.