



# DAV PUBLIC SENIOR SECONDARY SCHOOL

(A Project School Managed by DAV College Managing Committee, Chitra Gupta Road, New Delhi)

An English Medium, Co-educational, Senior Secondary School, Affiliated to CBSE, New Delhi

Affiliation No. 2130046

Bina Project (NCL), District- Sonbhadra (U.P.) Pin- 231220

E-mail id : [info.davbina@gmail.com](mailto:info.davbina@gmail.com),

website : [www.davpsbina.org](http://www.davpsbina.org)

Application No. (To be given by Office): \_\_\_\_\_

Post Applied for:

PGT

Special Educator

Receptionist

  
  

TGT

PRT

  

Assistant

LDC

  

(Please tick in the appropriate box)

Paste a  
Recent  
Passport size  
coloured  
Photograph  
here

Subject (Specify) \_\_\_\_\_

## Instructions for Candidate:

1. Kindly fill this Application Form in your own handwriting
2. Please attach self-attested certificates & testimonials (Mark sheets, Degrees, Experience Certificates & One ID proof etc.) with this Application Form
3. If, necessary, please attach a separate sheet for additional information which may be relevant
4. Submission of any false information will make your candidature liable for rejection at the time of interview or, if appointed, termination without notice
5. In the column, for academic information please fill-in only recognized and completed qualifications.
6. **Employees of DAV schools should submit their application through proper channel**

Name in BLOCK Letters

Candidate Name

(Mr. / Mrs. / Ms)

First Name

Middle Name

Last Name

Father's Name /

Husband's Name

Date of Birth (DD/MM/YY)

Age (as on 01.04.2023):

Years

Months

Gender

Male

Female

Permanent Address

Pincode

Address for

Communication/

Current Address

Pincode

Tel. No. (Resi.)

Mobile No.

E-Mail

Place of Birth

State

Nationality

Marital Status : \_\_\_\_\_

Number of Children : \_\_\_\_\_

Details of Children

| Name | Gender | Age in Years as on 01.04.2023 |
|------|--------|-------------------------------|
|      |        |                               |
|      |        |                               |

Have you ever been convicted by any court of law or is any disciplinary proceeding/enquiry pending against you or has any penalty been imposed on you? Yes  No

If yes, give details \_\_\_\_\_

**Academic Qualifications:**

| Name of Examination           | Year of Passing | Board/ University | Obtained marks | Total Marks | %age | Division | Subject(s)/with Medium of Study |
|-------------------------------|-----------------|-------------------|----------------|-------------|------|----------|---------------------------------|
| Matric/ Secondary             |                 |                   |                |             |      |          |                                 |
| Hr. Sec./ Sr. Sec./ Inter/PUC |                 |                   |                |             |      |          |                                 |
| B.A. / B.Sc. / B.Com.         |                 |                   |                |             |      |          |                                 |
| M.A. / M.Sc. / M.Com.         |                 |                   |                |             |      |          |                                 |
| B.Ed.                         |                 |                   |                |             |      |          |                                 |
| M.Ed. / M. Phill.             |                 |                   |                |             |      |          |                                 |
| Ph.D                          |                 |                   |                |             |      |          |                                 |
| N.T.T.                        |                 |                   |                |             |      |          |                                 |
| CTET / TET                    |                 |                   |                |             |      |          |                                 |
| Any other Qualification       |                 |                   |                |             |      |          |                                 |

Scholarship / Awards / Prizes: \_\_\_\_\_

Publication: \_\_\_\_\_

Institution Served (In Chronological order):

| Name of the Institution with Address | Board (CBSE / ICSE / other) with Affiliation no., if any | Desig. | Period |    | Total Years & Months | Class & Subject taught (for teaching posts only) | Pay Scale | Reason for Change |
|--------------------------------------|--|--------|--------|----|----------------------|--|-----------|-------------------|
|                                      |  |        | From   | To |                      |  |           |                   |
|                                      |  |        |        |    |                      |  |           |                   |
|                                      |  |        |        |    |                      |  |           |                   |
|                                      |  |        |        |    |                      |  |           |                   |
|                                      |  |        |        |    |                      |  |           |                   |
|                                      |  |        |        |    |                      |  |           |                   |
|                                      |  |        |        |    |                      |  |           |                   |

Total Experience : \_\_\_\_\_

Name of three books recently read with names of authors:

Title \_\_\_\_\_ Author \_\_\_\_\_  
Title \_\_\_\_\_ Author \_\_\_\_\_  
Title \_\_\_\_\_ Author \_\_\_\_\_

Proficiency in Language : (Please tick the appropriate column)

| Language | Read | Write | Speak |
|----------|------|-------|-------|
|          |      |       |       |
|          |      |       |       |
|          |      |       |       |

Research Experience (if any):

| Name of University | Duration | Subject | Result / Progress |
|--------------------|----------|---------|-------------------|
|                    |          |         |                   |
|                    |          |         |                   |
|                    |          |         |                   |

Proficiency in Computer ( Which Software you can use proficiently? ) :

MS WORD  MS EXCEL  MS POWER POINT  INTERNET   
EMAIL  DATA TRANSFER  DATABASE  LIBRARY SOFTWARE

Do you suffer from any major ailment / medical problem? Yes  No

If yes, please furnish details \_\_\_\_\_

Give details of two professionals' references (other than your relatives in the field of education) from whom confidential reports about your work, Character and Personality may be obtained, at least one of them must be H.O.D. / Head of Institution in which you have worked.

| Name | Designation | Institution | Address | Tel. No. / Mobile No. | E-Mail |
|------|-------------|-------------|---------|-----------------------|--------|
|      |             |             |         |                       |        |
|      |             |             |         |                       |        |

**Experience of attending in-service Seminar /Workshops /Training Programmes as participant/ ResourcePerson in last 03 years:** (Attach separate sheet if required)

| Particulars of the programme | As Participant / Resource Person | Period |    | Organized by | Achievement |
|------------------------------|----------------------------------|--------|----|--------------|-------------|
|                              |                                  | From   | To |              |             |
|                              |                                  |        |    |              |             |
|                              |                                  |        |    |              |             |
|                              |                                  |        |    |              |             |

**Details of Salary last drawn :**

| Name of Institution / Organization | Month | Pay Scale / Level | Basic Pay | Allowance (DA, PF, HRA etc) | Gross Salary |
|------------------------------------|-------|-------------------|-----------|-----------------------------|--------------|
|                                    |       |                   |           |                             |              |

**Please mark the area(s) in which you can train students:**

Literary  Music  Dance  Dramatics  Sports  NCC

**If selected, State the exact period after which you can join**

\_\_\_\_\_

**If selected, how do you propose to contribute to the School's growth and excellence?**

\_\_\_\_\_

\_\_\_\_\_

### DECLARATION

I \_\_\_\_\_ hereby certify that the particulars furnished above are correct to the best of my knowledge and belief. I have not concealed any information likely to impair my fitness for employment. If it is revealed later that I have given false details or concealed information, my services shall be liable to termination without any notice or compensation.

If selected, I shall produce:-

- (a) Medical Certificate from Recognized Medical Practitioner and
- (b) Experience Certificate from my last Employer

**Date :** \_\_\_\_\_

**Place :** \_\_\_\_\_

**(Signature of the Candidate)**

## PERSONAL FITNESS FORM

TO BE FILLED AND SIGNED BY THE APPLICANT AND SUBMITTED WITH THE APPLICATION FORM. IF SELECTED FOR THE POST, THEN APPLICANT NEEDS TO SUBMIT MEDICAL CERTIFICATE FROM A RECOGNISED MEDICAL PRACTITIONER.

NAME: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ CMS      WEIGHT: \_\_\_\_\_ KGS

VISION: LEFT EYE \_\_\_\_\_ RIGHT EYE \_\_\_\_\_

BLOOD PRESSURE \_\_\_\_\_ ON DATE \_\_\_\_\_

DO YOU HAVE DIABETES?      YES       NO

MARK OF PERSONAL IDENTIFICATION : \_\_\_\_\_

**For Office Use only**

**VERIFICATION OF CERTIFICATES (TO BE TICK MARKED)**

| <u>CERTIFICATE (S)</u>      | <u>CHECKED</u>           | <u>REMARKS</u> |
|-----------------------------|--------------------------|----------------|
| ID PROOF (D.O.B & ADDRESS ) | <input type="checkbox"/> | _____          |
| SECONDARY                   | <input type="checkbox"/> | _____          |
| SR. SECONDARY               | <input type="checkbox"/> | _____          |
| GRADUATION                  | <input type="checkbox"/> | _____          |
| B. ED.                      | <input type="checkbox"/> | _____          |
| POST GRADUATION             | <input type="checkbox"/> | _____          |
| EXP. CERTIFICATES           | <input type="checkbox"/> | _____          |
| Others                      | <input type="checkbox"/> | _____          |

**Checked By**      :

**Name & Signature** :

**Date**      :

**Verified By** :

**Name & Signature** :

**Date**      :