

APPLICATION FORM

NAVY CHILDREN SCHOOL KARANJA, URAN 400 704 Tel No. 022-07233570

		Email: prin.nc	s.kaj@gmail.com		
App	PASSPOR'				
Post	t applied for			_	SIZE PHOTO
Sub	ject				
1.	Full Name in Bloo				
	(In Englisl	h)			
2.					
Land	dline No:		Mobile No:		
3.	Permanent Addre	ess:			
			Pin Code		
Land					
4.	Date of Birth	Age:	Years:Mother	Tongue:	
5.	Languages Kno	<u>wn</u> :			
	Languages	To Read (Yes/ No)	To Write (Yes/ No)	T <u>o Spea</u>	ak (Yes/ No)
	English				
	Hindi				
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6. **Educational Qualification**:

0			5 . ,	Subje	ect	School/	Percentage and Division	Medium of Instruction
Sr. No.	Qualification	Year of Passing	Regular/ Correspondence	Language	0 41	College/ University Name		
(a)	X							
(b)	XII							
(c)	Graduation							
(d)	Post Graduation							
(e)	Others							

7. **Professional Qualification**:

Sr.		Year of	Regular/	Subject		School/	Percentage	Medium of
	Qualification		Correspondence	Language		College/ University Name	and Division	
(a)	BED							
(b)	MED							
(c)	Any Other							

8. **EXAM QUALIFIED**:

(a)	CTET (Yes/No) :-		_ Score	
(b)	STET (Yes/No) :		_ Score	
(c)	CWT (Common W	/ritten Test, N	IES) Yes/No :	
	Year	_ Place	Score -	

9. **Computer Knowledge**:

Sr. No.	Course	Good (Yes/ No)	Fair (Yes/ No)	Very Good (Yes/ No)	Excellent (Yes/ No)
(a)	MS Word				
(b)	MS Excel				
(c)	MS Power Point				

10. **Present Experience with the job**: (Presently Working)

Sr. No.	Name of School/ Firm	Designation	Date of Appointment	Full Address & Contact No of Employee	Salary Drawn (Per month)

11. Past Experience with the Job: (Ascending Order)

Sr. No.	Name of School/ Firm	From	То	Total Experience (in Months)	Subject Taught	Classes Taught	Salary Drawn (Per month)	Reason for Leaving

Total Y	ears of Experience-		
12.	Salary Expected (Per Month):		
13.	Personal Particulars:		
	(a) Marital Status:		
Fathe	er's/ Spouse Name, Rank		
<u>Unit (</u>	of Father/ Spouse		
Occu	pation of Father/ Spouse		
Mobi	le No./ Landline No of Father/ Spouse		
Full (Office/ Address of Father/ Spouse		
	(b) No. of Children (If Any):	_	
		Study	ing in (Name of

Sr. No.	Full Name of the Child	Gender	Age	Studying in (Name of School & Address)

14.	Whether suffering from any illness/allergy/any medical Issues (If yes – please provide details)
	details)

15. Professional Course/Additional Course/Achievements/Appreciation Letter (If an please enclose a copy):					
16.	Write about yourself & Family:				
17.	How long (No of years) can you work at school (if selected)				
18.	Any personal issues/ anything to specify				
19.	Can you join immediately?				
	Co- curricular Activities (Tick only the activities in which you are proficient). Outdoor es, indoor games, Literary activities, Dramatics, Dance, Music, Swimming, anization of student clubs and any other				

21. Co-curricular Activities/ Interest/ Achievement

Sr. No.	Name of the Activity	Level of Participation	Achievement	Remarks
1.				
2.				
3.				

22. V - -	Why do you consider yourself suitable for this post?		
ernmental	I hereby certify that above information providge and belief. I have not hidden any info if any particulars mentioned by me are fou without any notice.	ormation. I fully understand this job is N	
		Date:	
Place:_		(Candidate's Signature)	
Division			
	submit photocopies of following: (at the time	of submission of this form)	
1.	Class Xth & XIIth		
2. 3.	Graduation / Post Graduation Certificate B.Ed		
3. 4.	All Experience Certificate		
5.	DOB Certificate		
6.	Address proof		
7.	ID Proof (Pan Card/ Adhar Card/ Diving C	ertificate)	
8.	Photo		
	* Strike off which is not applicable	Checked by:	
	Came on which is not applicable	Clerk (Admin)	