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GAIL D.A.V. PUBLIC SCHOOL

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

Affiliation No. 2130336

GAIL Gaon, Dibiyapur, Auraiya (UP)-206244

APPLICATION FORM FOR THE POST OF P.G.T./T.G.T./Counselor/Pr. T./N.T./Receptionist/Part Time Coaches

(Employees of DAV schools should submit the application through proper channel)

Roll No. (To be given by Office): _____

Post applied for : _____

Name : _____

Father's Name/Husband's Name : _____

Marital Status : _____

Date of Birth : _____ Age(as on 01.04.2018) _____

Address for correspondence : _____

Permanent Address : _____

Contact Details Phone No. : _____ Mob. No _____ E mail id _____

Educational Qualification:

Exam passed	Year	Board/University	Obtained marks	Total Marks	%age	Division	Main Subject/(s)
a) Matric/Secondary							
b) Hr. Sec. /Sr. Sec./Inter/PUC							
c) B.A./B.Sc./B.Com							
d) M.A./ M.Sc./M.Com							
e) B.Ed./B.T.C./J.B.T.							
f) N.T.T.							
g) CTET/TET							
h) Any other Qualification							

Contd...2..

Work Experience:

Name of the Institution with Address	Affiliating Board with Affiliation no., if any	Post held	Period		Total Years & Months	Class & Subject taught (for teaching posts only)	Reason for leaving job
			From	To			

Any other information related to the post applied for: _____

Publication if any, to your credit : _____
(May attach separate sheet if required)

Experience of attending in-service Programmes as participant/ Resource Person:

Particulars of the programme such as Seminars, Workshops etc.	In what capacity?	Period		Organized by	Remarks if any
		From	To		

Details of salary last drawn:

Name of Instt. / Organization	Month	Pay Scale	Basic	Allowance	Gross Salary

Other interests (Physical/Co-curricular/Social, etc with achievements, if any):

- a) _____
- b) _____

Notice period required if selected: _____

I _____ solemnly declare that the statements made by me are correct to the best of my knowledge and belief.

Date: _____

Place: _____

Signature of the candidate

For Office Use only

Checked By:

Verified By:

Name & Signature:

Name & Signature: