



GAIL DAV PUBLIC SCHOOL

GAIL GAON, DIBIYAPUR, DISTRICT- AURAIYA (U.P.)-206 244

Affiliated to C.B.S.E., New Delhi (Affiliation No. 2130336)

(A Co-Educational English Medium Senior Secondary School)

Tel.: 05683-283555, 282212 / e-mail: office.gaildav@gmail.com / website: www.gaildav.in

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

Post Applied for: PGT TGT Counselor
Special Educator PRT NTT
Receptionist Part Time Others
Coaches

(Please tick in the appropriate box. A separate application must be submitted for each post applied for.)

Paste a Passport
size colored
photograph here

Subject (Specify) _____

Are you CBT Qualified :- Yes No if Yes CBT Roll Number _____

Instructions for Candidate:

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

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 01.04.2024): _____ 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 01.04.2024

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
i) Matric/Secondary							
ii) Hr. Sec. /Sr. Sec./Inter/PUC							
iii) B.A. / B.Sc. / B.Com.							
iv) M.A. / M.Sc. / M.Com.							
v) B.Ed. / B.T.C. / J.B.T.							
vi) M.Ed. / M. Phill.							
vii) Ph.D							
viii) N.T.T.							
ix) CTET / TET							
x) 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	Designation	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 POWERPOINT 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, atleast one of them must be H.O.D. / Head of Institution in which you have worked.

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

Experience of attending in-service Seminar /Workshops /Training Programmes as participant/ Resource Person 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 Instt. / Organization	Month	Pay Scale / Level	Basic Pay	Allowance (DA, PF, HRA etc)	Gross Salary

Please mark the area(s) in which you can train/guide 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

CHECKING OF CERTIFICATES (TO BE TICK MARKED)

<u>CERTIFICATE (S)</u>	<u>CHECKED</u>	<u>REMARKS</u>
ID PROOF (DOB & ADDRESS)	<input type="checkbox"/>	_____
PEC	<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:

Verified By:

Name & Signature:

Name & Signature: