

APPLICATION FORM FOR EMPLOYEMENT FOR SESSION 2024-25

D.A.V. KALISINDH THERMAL PUBLIC SCHOOL

KaTPP Township Area, Gram-Undal, Jhalrapatan, Jhalawar, Rajasthan-326023

(Managed by DAV College Managing Committee, New Delhi)
A Co-educational School, Affiliated to CBSE, New Delhi
CBSE Affiliation Number – 1720143

Employment No.DAV/KaTPS/Jhalawar/2024-25/82 Dated 15.06.2024

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1. The self attested photocopies of necessary testimonials should be sent together with the application. Original testimonials must be produced at the time of interview.

Post with subject for which you are applying

Name (in BLOCK LETTERS)									
Husband's /Father's Name									
Date of Birth (Age as on 1st July,2024)									
Category – General/OBC/SBC/SC/ST									
(i) Present post and its grade(ii) Present basic salary and allowance (state separately if employed)					Basic alary	Name & amt. of allowance	Total	Institution	
(i) (ii) (iii)	(ii) If married, husband's name, occupation and the place where he is employed. (iii) If unmarried state father's occupation and post.								
ACADEMIC QUALIFICATIONS									
Examination Passed (From matriculation onwards)		Year	Subject (S)	% / qualifi	Name of institution		Во	Board / Univ.	
Secondary									
Senior Secondary									
B.A./ B.Sc./B.Com									
B.Ed.									
M.A./ M.Sc./M.Com									
CTET / RTET									
CBT with Roll No.									
Any Other									

TEACHING EXPERIENCE AT SCHOOL / COLLEGE						
Name Of The School /	Name Of The School /			Experience		
College	Classes Taught	From – To	Year	Month		
Total Length	of Teaching experience					
What game do you play?		-		I.		
Any distinctions achieved?						
Activities in which you are inte	rested:					
(a) Dance						
(b) Debate & Declamation						
(c) Drama						
(d) Music Any Other						
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Can you direct any of the abov	e?					
Give the names of office held s "Captain" or "president" of a C teacher or a Student in School						
Any other particulars that you	may like to give					
		If Yes,				
Have you ever applied in any o	Year Reje	ected Sele	ected			
D.A.V. Management Committe	Name of the College / School					
Yes / No			••••••			
List of enclosures.						
Applicant's Signature						
Mobile Number						
E-mail						
Complete Postal Address						