



**APPLICATION FORM FOR EMPLOYEMENT**

**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/2019-20/D.1156 Dated 06.09.2019

Note:-

- 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 1 <sup>st</sup> July,2019)					
Category – General/OBC/SBC/SC/ST					
(i) Present post and its grade	Basic Salary	Name & amt. of allowance	Total	Institution	
(ii) Present basic salary and allowance (state separately if employed)					
(i) Whether married or unmarried.					
(ii) If married, husband's name, occupation and the place where he is employed.					
(iii) If unmarried state father's occupation and post					
(iv) Others					
<b>ACADEMIC QUALIFICATIONS</b>					
<b>Examination Passed (From matriculation onwards)</b>	<b>Year</b>	<b>Subject (S)</b>	<b>% / qualified</b>	<b>Name of institution</b>	<b>Board / Univ.</b>
Secondary					
Senior Secondary					
B.A./ B.Sc./B.Com					
B.Ed.					
M.A./ M.Sc./M.Com					
CTET / RTET					
Any Other					

TEACHING EXPERIENCE AT SCHOOL / COLLEGE				
Name Of The School / College	Classes Taught	From - To	Tenure of Experience	
			Year	Month
Total Length of Teaching experience				
What game do you play? Any distinctions achieved?				
Activities in which you are interested: (a) Dance (b) Debate & Declamation (c) Drama (d) Music Any Other				
Can you direct any of the above?				
Give the names of office held such as "Secretary", "Captain" or "president" of a Club or Society, as a teacher or a Student in School & College separately.				
Any other particulars that you may like to give				
Have you ever applied in any of the schools under D.A.V. Management Committee?  Yes / No		If Yes, Year ..... Rejected..... Selected.....  Name of the College / School.....  .....		
List of enclosures.				
Applicant's Signature				
Mobile Number				
E-mail				
Complete Postal Address				