

St. Cecilia's Public School

(Recognised And Affiliated to CBSE)
F-Block, VIKASPURI, NEW DELHI-110018

APPLICATION FORM STAFF RECRUITMENT

Affix Current
Photograph

Application for the Post of _____

Name (in capital letters) _____

Residential Address _____

_____ Tel./Mob. No. _____

Date of Birth _____ Age at Present _____

Married/Unmarried _____ Year of Marriage _____

No. of Wards/their age (if applicable) _____

Physical Deficiency (if any) _____ Weight _____ Height _____

Place of Birth _____ Mother Tongue _____ Caste/Religion _____

Proficiency in written and spoken language : (Very good / good / None)

English _____ Hindi _____ Any other language _____

Computer Knowledge: (Give details) _____

Father's / Husband's : Name _____

Profession _____ Designation _____

Office Address _____

_____ Office Tel. No. _____

Participation in Games and Sports (give details) :

Standard achieved – School / College / University / State represented

Participation in Co-curricular / Extra-curricular Activity (if any)

Name of Activity	Training From	Level of Participation	Achievement

PLEASE NOTE: Attested copies of all certificates and testimonials etc. are required to be furnished along with this application form.

P.T.O.

Educational Qualification (Academic as well as Professional)

Year	Qualifications (Class X onwards)	Regular/ Corres.	Name and Location of School/College	Name of Board/ Univ.	Marks Obt. %	Subjects Studied	Medium of instruction

Total Work Experience : Teaching

Name of School/ Office (with Address)	Post Held	Period				Pay Drawn	Classes & Subject Taught	Medium of Instruction
		From Month	Year	To Month	Year			

Total Work Experience: Non-Teaching.....

Name of School/ Office (with Address)	Post Held	Period				Pay Drawn	Details of Nature of Work Done
		From Month	Year	To Month	Year		

Any other relevant Information you will like to furnish concerning your suitability for post:

Declaration: I solemnly affirm that the information, as submitted above, is correct to the best of my Knowledge and belief.

Date: _____

Applicant's Signature

Note:- Add Additional Sheet if space insufficient