**POSITION APPLIED FOR**: …………………………………………...…………

 Paste your recent

 passport size

 photograph here

**COMPLETE THE FOLLOWING FORM IN YOUR OWN HANDWRITING**

1. Name in full (in Block letters)

 Dr. / Mr. / Mrs. / Ms.

 First Middle Surname

………………………. ………………………… …………………………..

2. Date of Birth ………………………………………………………………………..

3. Present Address

…………………………………………………………………………………………..

…………………………………………………………………………………………..

4. Permanent Address

…………………………………………………………………………………………..

…………………………………………………………………………………………..

5. Telephone No. ……………………… Mobile No. ……………………………….

6. E-mail ID ……………………………………………………………………………

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7. Marital Status: (Please tick one)

 ……. Single …… Married …….Divorced …… Widowed

8. Citizenship ………………………………………………………………………

9. Dependants / Children:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No. | Name | D.O.B. | Occupation & Qualification | Relationship |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

10. Languages Known:

|  |  |  |  |
| --- | --- | --- | --- |
| Languages | Speak | Read | Write |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

11. Specify any major illness / chronic health problems / any ailment you have suffered or are suffering from………………………………………………………...

…………………………………………………………………………………………..

12. Mention any surgery you have undergone ……………………………………

…………………………………………………………………………………………..

**(You are required to submit a fitness certificate from a registered medical practitioner as per format attached along with this application).**

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14. Academic Details

 (Please fill in reverse chronological order, till High School) – Attach a separate sheet in case of additional qualifications)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Degree /Diploma | School / Institute | Board / Univ. | Year of Passing | Main Subjects | % | Class / Div /Rank |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

15. Professional Qualifications:

 (Please fill in reverse chronological order)

|  |  |  |  |
| --- | --- | --- | --- |
| Programme Title | Institute | Period | Details of Course |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

16. Notice Period

17. Interests, Awards and Achievements:

…………………………………………………………………………………………..

………………………………………………………………………………………….

…………………………………………………………………………………………..

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18. Teaching Experience:

(Please fill in reverse chronological order)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School | College | Class & Subject taught | From / To (Year) | SalaryDrawn |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Attach copies of Experience Certificates

19. Explain any breaks in your educational / working career: ………………….

…………………………………………………………………………………………..

20. About Yourself:

* Please list your major career achievements.

…………………………………………………………………………………………

…………………………………………………………………………………………

* What would you list as your major strengths?

…………………………………………………………………………………………

…………………………………………………………………………………………..

* Please describe areas that in your view, you need to improve upon

…………………………………………………………………………………………..

…………………………………………………………………………………………..

* Details of participation in co-curricular activities.

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

* Please provide any other information that you feel is relevant

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

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21. Miscellaneous Information

a. Have you been interviewed by us before? Yes No

If Yes, please mention:

Position applied for………. ……………… Date………………….

b. Have you been involved in any legal / criminal proceedings?

Yes No

If yes, please elaborate ………………

22. Undertaking:

|  |
| --- |
| I hereby declare that the aforesaid information is true to the best of my knowledge and ability. I understand that any false information given by me or material omission made here on the application form or other documents requested by Modern High School for Girls renders me liable for termination or dismissal without notice.Signature :Date: Place: |

**FORMATOF CERTIFICATE OF MEDICAL FITNESS**

I certify that I have carefully examined Mr. / Ms. ……………………………………………

Son / daughter of Mr. …………………………………………………………………………

And found that he / she is mentally and physically sound and does not suffer from any chronic illness. He / She is fit to cope with demands of his / her day to day work of the institution.

…………………………. ………………………………

**Signature of the candidate Signature of a registered**

 **Medical practitioner with**

 **Legible seal and registration**

 **Number**

Date : ………………………………….