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D.A.V. PUBLIC SCHOOLS JHARKHAND ZONE – H

CBT Roll No.

Interview No. :

APPLICATION AND BIO-DATA

FOR OFFICE USE ONLY

Chairman Board Remarks and Recommendations :

Signature of Chairman
Interview Board

For all correspondences, please quote CBT Reg. No. Place & Date of Interview.

A. Place of Interview :

B. Date of Interview :

C. Application for the Post of :

D. Subject applied for :

E. Name of the School applied for :

1. (a) Name (Mr./Mrs./Miss):

(b) Father's Name:

(c) Husband's Name:

2. Date of Birth : Age :

3. Marital Status : (Single/Married)..... 4. SC/ST : Yes or No.....

5. (a) Postal Address:

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(b) Permanent Address:

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(c) Phone Number :Email.....

6. Experience (Years):(Give details of Institution served)

Affix your recent
colour passport
size photo

Sl. No.	Name of the Institution and Place	Period of Service		Classes and Subject Taught		Monthly Salary Drawn
		From	To	Class	Subject	

ACADEMIC QUALIFICATION

Examination	Division	% of Marks	Result Declaration Year	Medium of Instruction	University or Board	Subjects Taken
(i) High School						
(ii) Intermediate						
(iii) Graduation						
(iv) Post Graduation						
(v) B.Ed.						
(vi) Lib./PET						
(vii) CTET/STET						
(viii) Any Other						

7. Minimum Salary Acceptable Rs.....

8. Publication if any :

9. Proficiency in Games & Sports (Indicate Level- School/College/University/District/State/National Games played:

1..... 2..... 3.....

10. Proficiency in Co-Curricular Activities (Indicate Level).....

11. Place of Preference, if selected:

1..... 2.....

3..... 4 Any Where (Yes/No).....

12. Mention time period required for joining:

13. Reference (Give Name, Profession and Address of Two References)

1..... 2.....

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14. DECLARATION:

I solemnly declare that the above-mentioned details furnished by me is correct to the best of my knowledge. If selected, I shall abide by the service terms & conditions of DAV College Managing Committee, New Delhi, and my services are transferable to any of the DAV Public Schools running under DAV CMC, New Delhi.

Date:.....

Signature:

Name:.....