



# DELHI PUBLIC SCHOOL, HAPUR

## APPLICATION FORM FOR ADMINISTRATION (2018-19)

(To be filled neatly in the candidate's own handwriting).

Post Applied for.....

1. Name : Mr/Mrs./Miss.....

2. Date of Birth ..... Age .....

3. Nationality ..... Email ID.....

4. Address .....

Telephone No..... Mob. No.....

5. Father's Name ..... Designation .....

Address .....

6. Husband's Name .....

Educational Qualifications ..... Designation .....

7. Aadhar Card No. ....

8. PAN Card No. ....

9. Details of Children:

	Sex	Date of Birth	Name	Class
a)	.....	.....	.....	.....
b)	.....	.....	.....	.....
c)	.....	.....	.....	.....

10. Academic Qualifications:

Examination	Year of Passing	Marks %	School or College attended and University	Subjects

11. Details of experience in recognized school/institutions:

S. No.	Name of Institution where served	Post Held	Period		Job Profile
			From	To	

Another extra sheet if required.

Please affix recent passport size photograph

12. Total Experience ..... years ..... months on ..... date  
.....

13. Details of professional Courses attended.

Year	Duration	Name of Workshop/ Institute
.....	.....	.....
.....	.....	.....
.....	.....	.....

14. Details of administrative experience (apart from the ones mentioned above):

Period	Institution	Designation
.....	.....	.....
.....	.....	.....

15. Date of termination of last employment ..... Reason .....

Salary and allowances last drawn:

Salary Rs ..... pm plus allowance Rs.....pm total Rs..... pm.

16. Names and Addresses of two references:

(a) .....

(b) .....

17. Number of duly attested testimonials and certificates attached. ....

18. The exact period after which you can join, if selected. ....

19. I hereby certify that the statement made by me in answer to the foregoing questions is true, complete and correct to the best of my knowledge and belief. I understand that any mis-representation or material omission made in the personal information form or any other document requested by the organization renders a staff member / workman of organization liable to termination or dismissal.

Date.....

Signature .....

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