



VISHWA BHARATI HIGHER SECONDARY SCHOOL RAINAWARI, SRINAGAR

PH:- 0191-2505885

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Self
Attested
Passport
size
Photograph

APPLICATION FOR THE POST OF _____

PART ONE: PERSONAL INFORMATION

1. Name (Block Letters) _____

2. Gender : Male Female Others

3. Religion 4. Mother Tongue

5. Marital Status Married Unmarried Divorced Widowed

6. Qualification _____

7. Date of Birth Date Month Year

8. Residential Address:

a. Permanent Address:

b. Present Address:

9. Details of Parents & Spouse:(with Proof):

Details	Mother	Father/ Guardian	Spouse
Name:			
Educational Qualification:			
E-mail:			
Occupation:			
(i) Designation			
(ii) Department (Govt./PSU/Self /Pvt.)			
(iii)Name of Office			
Official Address:			
Office Contact Number:			
PAN No.			
Annual Income			

5. If involved in any case?
(Give details of disposed off or pending litigation) _____
6. Do you take private tuitions? Yes No
7. Any Management Member of Vishwa Bharati known to you Yes No
If yes, relation: _____
8. Does any of your relation work in any of our institutions. If yes, give details _____
9. Have you applied/worked in any unit of VBPS before Applied : Yes No
Worked: Yes No
Not selected: Yes No

If selected, state reason for not joining/leaving _____

10. Salary expected per month Rs. _____
11. Name, designation, address and Tel .No of two references (Not related to you)
1. _____ 2. _____

12. Ailment if any (Tick mark if any of these is applicable /cross if not applicable)

Blood Pressure Diabetes Allergy
Asthma Cardiac Any other give details

13. If selected how much notice do you require? (State Period) _____

I hereby declare that the information furnished above is true. In case any statement is proved concealed or incorrect at any point of time, I shall be liable to such action as the management of the institution deems proper.

Date of application _____

Signature of Candidate

Withholding of any information shall lead to disciplinary action.

PART FIVE

List of enclosures: Self Attested copies of

- | | |
|---|--------------------------|
| 1. All Academic and Professional Certificates (Mark Sheet and Degrees) | <input type="checkbox"/> |
| 2. Experience and Conduct Certificate from Heads of Institutions served previously. | <input type="checkbox"/> |
| 3. Medical Certificate of fitness from Govt. CMO/Govt. Hospital | <input type="checkbox"/> |
| 4. Other Certificates in support of your claim about proficiency in Co-Curricular Activities etc. | <input type="checkbox"/> |
| 5. Two latest Passport size Photographs
(one to be pasted on form and one to be attached) | <input type="checkbox"/> |

Note:- Incomplete application will not be considered

(FOR OFFICE USE)

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| • Entrance Test
Marks: _____ | Call <input type="checkbox"/> | Reject <input type="checkbox"/> |
| • Preliminary Interview | Call <input type="checkbox"/> | Reject <input type="checkbox"/> |
| • Final Interview | Select <input type="checkbox"/> | Reject <input type="checkbox"/> |

Dated:

Signature of Secretary