

# VISHWA BHARATI HIGHER SECONDARY SCHOOL RAINAWARI, SRINAGAR

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APPLICATION FOR THE POST OF	Self Attested Passport					
PART ONE: PERSONAL INFORMATION	size Photograp					
1. Name (Block Letters)	h					
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						
<ul> <li>8. Residential Address:</li> <li>a. Permanent Address:</li></ul>						
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			

### 10. Details about Children

S.No.	Name	Sex	Age	Institution in which they are studying

11. Details of Foreign Travel (If any)

12. Awards / Honours /Scholarships received if any

1) \_\_\_\_\_ 2) \_\_\_\_

\_\_\_\_\_

3)

## PART TWO : ACADEMIC RECORD

(Write from latest to first)

S.	Exam		Name of Institute/	Course		% of	
No.	Passed	Year	College/University	Regular	Correspon dence	Marks and Division	Subjects Offered

(Give details of Institutions where you have worked from the latest to first )

## PART THREE : TEACHING/ADMINISTRATIVE EXPERIENCE

S.	Institution	Dest Held	Period Period		Classes	Salary	Reason for
No.	Institution	Post Held	From	То	Taught	Drawn	Leaving
1.	a) Total Teaching Ex	xperience	Years		Months		
	b) Total Administrat	ive Experience	Years		Months		
	b) Total Administrat	Ive Experience	I cars				
2.	<b>J</b> 1						
	(e.g. Result in Acader	mics, Competitions e	etc.)				
3.	Other Duties and Re	sponsibilities held (	attach sheet it	fnecessary	)		
3. 4.	Computer proficience	-		•			
4.	Computer proncienc	y you are fammar v	v ItII				
		PART FO	UR : OTHER	R INFORM	IATION		
1.	Details of Seminars	/ Conferences partic	cipated in (with	th duration)	)		
	I						
	II						
	III						
	IV						
2.	Membership of any	Library /Society/Or	ganisation (N	ational/Inte	rnational)		
	I						
	II						
3.							
	I. Sports II. Co-Curricular A	ativitias					
4.	Hobbies and interest I.	S					
	II.						
	III.						

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.	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)							
E							
	Blood Pressure Diabetes Allergy						
A	Asthma Cardiac Any other give details						

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)
- 2. Experience and Conduct Certificate from Heads of Institutions served previously.
- 3. Medical Certificate of fitness from Govt. CMO/Govt. Hospital
- 4. Other Certificates in support of your claim about proficiency in Co-Curricular Activities etc.
- 5. Two latest Passport size Photographs (one to be pasted on form and one to be attached)

#### Note:- Incomplete application will not be considered

### (FOR OFFICE USE)

Entrance Test Marks: \_\_\_\_\_ Call Reject
Preliminary Interview Call Reject
Final Interview Select Reject

Dated:

**Signature of Secretary** 

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