



# DYAL SINGH PUBLIC SCHOOL

## DYAL SINGH COLONY, KARNAL

### Application Form for Teaching Posts

- Please complete all information requested on the application form.
- The School's policy is to review each application form it receives. Please note that only those applicants whom we select for interview will be contacted by telephone. Application forms and any accompanying documents are kept for 12 months from the time of receipt.

Name of the Candidate : \_\_\_\_\_

(As per Aadhar Card)

Name of the Candidate : \_\_\_\_\_

(As per Class X Marksheet)

Post Applied for : \_\_\_\_\_

Date of Application : \_\_\_\_\_

Subject/Teaching Area : \_\_\_\_\_

How did you know about this vacancy / post?

School Website ☐ Advertisement ☐ Friend/Colleague ☐

Any other (please specify) : \_\_\_\_\_

Any close relative working in Dyal Singh Public School in any branch Yes ☐ No ☐

If yes, please specify : \_\_\_\_\_

If the application form is downloaded from the website then the applicant should enclose with this application form a processing fee of Rs.500/- in the form of Cash at school counter or Demand Draft from any nationalized bank drawn in favour of **Principal, Dyal Singh Public School, Karnal**

#### Particulars of Demand Draft :

Draft No. / Cash Receipt No. \_\_\_\_\_ Dated \_\_\_\_\_ Amount \_\_\_\_\_

Name of the issuing Bank (in case of Demand Draft) \_\_\_\_\_

Name of the Bank on which drawn (in case of Demand Draft) \_\_\_\_\_

Affix your  
passport size  
photograph

### 1. Personal Details:

<b>Date of Birth:</b>	<b>Day</b>	<b>Month</b>	<b>Year</b>	<b>Age as on date of advertisement:</b>	<b>Year</b>	<b>Month</b>
<b>Place of Birth:</b>	<b>City/Village</b>			<b>State</b>	<b>Country</b>	
<b>Nationality:</b>	<b>Gender</b>			<b>Marital status</b>		
	<b>Male</b>	<b>Female</b>		<b>Single</b>	<b>Married</b>	
<b>If Physically challenged indicate relevant particulars</b>  <div style="display: flex; justify-content: space-around;"><input type="checkbox"/><input type="checkbox"/></div>				<b>Type of Disability</b>	<b>Percentage of Disability</b>	
				<div style="text-align: center;"><input type="checkbox"/></div>	<div style="text-align: center;"><input type="checkbox"/></div>	

S. No.	Name	Qualification	Occupation
1	Father's Name:		
2	Mother's Name		
3	Spouse Name (If Applicable)		

**2. Educational Qualifications: Attach attested photocopies of mark sheets of each examination**

	<b>Name of the Board/ University</b>	<b>Year</b>	<b>Marks Obtained</b>	<b>%age of Marks/ CGPA with %age Marks</b>	<b>Division</b>	<b>Subject Studied</b>	<b>Details of scholarship obtained (If any)</b>
<b>Matriculation (10<sup>th</sup> )</b>							
<b>Higher Secondary/ Intermediate (10+2)</b>							
<b>Bachelor's degree</b> ..... (Name of degree)							
<b>Master's degree</b> ..... (Name of degree)							
<b>M.Phil. in</b> .....							
<b>Ph.D.</b> ..... .....							
<b>B.Ed. / M.Ed.</b>							
<b>Any other</b>							

### 3. Present Assignment

<b>Designation</b>	<b>Employer (Name of the organization)</b>	<b>Date of joining Date/Month/Year</b>		<b>Nature of Appointment (Adhoc/Temporary/ Permanent/Contractual)</b>
<b>Basic Pay p.m. (Rs.)</b>	<b>Pay Band (Rs.)</b>	<b>GP/AGP (Rs.)</b>	<b>Gross Salary p.m. (Rs.)</b>	<b>Increment Date (Date/Month)</b>

### 4. Past Work Experience (Please start from first appointment to the present position). Attach attested photocopies of experience certificates.

<b>Post held</b>	<b>Employer (Name &amp; address of the Organization)</b>	<b>Experience</b>			<b>Nature of Assignment</b>
		<b>From</b>	<b>To</b>	<b>Total exp./in years/ months</b>	

**LIST ANY ADDITIONAL JOB-RELATED SKILLS, EXPERIENCE, TRAINING, VOLUNTEER WORK, HOBBIES AND QUALIFICATIONS THAT WOULD SUPPORT YOUR APPLICATION:**

**Participation in Corporate Life (Contribution to the institution you served in the matter of Co-curricular activities, enrichment of campus life, students' welfare, etc.):**

**Contact Details of the Applicant:**

Correspondence Address		Permanent Address	
Name:		Name:	
House No:		House No:	
Area:		Area :	
State:		State:	
Pin Code:		Pin Code:	
Email:			
Mobile No.			
Alternate Mobile No.			

**Please read the following carefully before signing:**

**Declaration**

I, \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ hereby declare that all the entries made by me in this application are true and correct to the best of my knowledge. If anything is found false or incorrect at any stage, my candidature/appointment may be cancelled by the School without assigning any reason thereof.

**Signature of the applicant**

**(Name in Capital Letters)**

**Date: \_\_\_\_\_ Place \_\_\_\_\_**

**(Unsigned application is liable to rejection)**