

INTV.NO.:

DATE :

**REGIONAL DIRECTORATE
DAV INSTITUTIONS
ODISHA ZONE-I**



DAV Public School, Chandrasekharpur,
Bhubaneswar-21
Phone - 0674-2740551, 2740651,
FAX - 0674-2744688
Email - davrdodisha2@gmail.com

POST APPLIED FOR :- _____
(PGT/TGT/PRT/ADHOC WITH SUBJECT)

Affix attested recent
PP Size Photograph
with signature.

1. GENERAL INFORMATION: (To be filled in Capital letters only)

(a) Name of the applicant	
---------------------------	--

(b) Father/Husband's Name	
---------------------------	--

2. Date of Birth : _____
Date Month Year

3. Age as on 1st May 2018: _____

4. Category : _____ (SC/ST/OBC/General) 5. Religion _____

6. Nationality _____ 7. Gender _____

8. Marital Status _____ 9. Hobbies _____

10. PERMANENT ADDRESS

At	
Post	
Dist	
State	
PIN	

11. ADDRESS FOR COMMUNICATION

Plot No.	
Area	
Dist	
State	
PIN	

Telephone: Residence: _____ Mobile: _____

E.mail Address: _____

12. PROFESSIONAL DETAILS: Educational Qualification:

Qualification	Year of Passing	Subjects offered	Name of Board/ University	Total marks in % / CGPA & Division	Any other relevant information
SECONDARY					
SENIOR SECONDARY					
GRADUATION (mention the Honours subject)					
POST GRADUATION					
B.Ed/C.T./J.B.T./N.T.T.					
C.T.E.T.					

13. Extra Qualification(if any):

Qualification	Year of Passing	Specialization Subjects	University/Institute	Total marks in % / CGPA, Grade/Divn.	Any other relevant information

14. WORK EXPERIENCE:

Name of School/Institution	Designation & Assignments	From - To		Subject / Classes Taught	Gross Salary drawn
		(Give month and year)			

TOTAL WORK EXPERIENCE (in years): Teaching: _____ Administrative: _____ Any other: _____

15. ACHIEVEMENTS IF ANY:

Sr. No	Particulars	Details
		Attach photocopy of Certificates(State/National/International)
1	Literary activities	
2	Art & Craft/ Painting	
3	Sports	
4	Cultural Activities: Music/ Dance	

16. Preferences of places of posting: (a) _____ (b) _____ (c) _____

17. Minimum Salary acceptable; Rs. _____ /- p.m.

18. If selected, how much time would you need to join? _____

DECLARATION

I hereby certify that all statements made and information given by me in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect before or after the interview or appointment, action can be taken against me by the School and my candidature/ appointment shall automatically stand cancelled/ terminated.

Place: _____

(Full Signature of the Applicant)

Date: _____

Name : _____