



DELHI PUBLIC SCHOOL, FEROZEPUR

FARIDKOT ROAD, FEROZEPUR (PUNJAB)-152001

(Under the Aegis of The Delhi Public School Society, New Delhi)

Website: www.dpsferozpur.com, Mob: 87250-33044

APPLICATION FORM FOR THE POST OF

Affix Passport
Size Recent
Photograph

1. Name in (Block Letters)

(Mr./Mrs/Ms. _____)

2. Date of Birth (In Words and in

Figures) _____

3. Age as on 31st of December, 2016 _____

Years _____

Months _____

Days _____

4. Marital Status _____

No. of Children _____

5. Father's/Husband's Name & Occupation _____

6. Permanent Residential Address _____

Address for Correspondence _____

7. Contact No. (Mob) _____

Landline with STD Code _____

8. Hobbies/Interest _____

9. Academic/Professional Qualifications:

Exam	Passing Year	Marks %	Division	Name of School/College Attended	Board/ University	Subjects

10. Detail of Teaching Experience:

Name of the institution with complete postal address	From	To	Subject & classes taught	Reason of leaving

11. Total Teaching Experience (in years) _____
12. Administrative experience if any, as Principal _____ Vice- Principal _____ House Master _____ Others _____
13. Languages Known _____
14. Proficiency in Curricular/Co-curricular activities _____
15. Computer Proficiency _____
16. **Seminars/Workshops/Courses attended/Organized:**

S.No.	Name of Seminar/Workshop/ Course	Duration	Description

17. Special distinction (if any) _____
18. Salary & allowances:-Last Pay drawn Rs. _____ in the Scale _____
19. Name, Address & Contact Number of References (not related to you)
- (a) _____
- (b) _____
20. The exact period which you can join, if selected: _____
21. Any Other Information (attach separate sheet if necessary)

Documents to be attached:

1. Attested testimonials 2. NOC from present employer 3. Category Certificate (If any)

Payment Mode

Cheque /DD No. _____ Name of Bank _____ Date _____

Declaration:

I hereby declare that the information filled above is true to the best of my knowledge and has been filled by me. In case any information is found incorrect, I will be held responsible.

Date: _____

Signature