

St. Paul's Hr. Sec. School Katni (MP)

Paste Passport Size Photo

INSTRUCTIONS:

- 1. Certified copies of testimonials should be attached to the application.
- 2. Testimonials, in original, must be produced at the time of interview.
- 3. Please fill in your own hand writing.
- 4. Please fill the form in the capital letter only.

CANDIDATE IDENTIFICATION FORM

POST AP	PLIED FOR										
								1			
FIRST NAME				MIDDLE NAME			SURNAME				
PRESENT ADDRESS PERMAN					IANEN	T ADD	RESS		PHONE NUMBER		
							OFFICE:				
								RESIDENCE:			
								CELL NO:			
	E MAIL AD	DRESS						•			
MOTHER'S	S NAME					OC	OCCUPATION				
FATHER'S	NAME					OC	OCCUPATION				
SPOUSE,S	NAME					OC	CUPATION	N			
DATE OF BIRTH	NATIOLALITY	SEX		C	ATEG(ORY(√)		MARITAL STATUS(√)			
			SC	ST	ОВС	GEN	OTHER	UN - MARRIED	MARRIED	OTHER	
CHILDREN	(YES/NO). IF YES	GIVE I	DETAI	LS.							
NAME OF CHILD						SEX	Б	OOB	QUALI	FICATION	

,	01111 7770 17701	STUDY P	PERIOD	INSTITUTION-E	BOARD/-	SUBJECT/	%	MEDIUM OF
o	QUALIFICATION	FROM	ТО	UNIVERSITY	, (1, 1, 1)	SPECIALIZATION	TAGE	INSTRUCATION
	10 TH							
•	10+2 (12 TH)							
R/	AINING RECEIVEI)						
		COPIC/ARI	EA OF T	RAINING	DURATION	NAME C	F THE IN	ISTITUTION
Α'	VE YOU EVER BE	EN ARRES	STED/CO	ONVICTED BY A	NY COURT OF	LAW IN INDIA OF	R ABROA	D
		1						
· •	TES, PLEASE OVIDED DETAIL							

PERI	OD OF	NCE DETAILS		NATURE OF WORK IN	SALARY	
FROM	TO TO	ORGANITION (NAME & PLACE)		BRIEF (Subject / Classes taught etc)	PAY SCALE EMOLUMENTS	REASON FOR LEAVING
				taught etc)		
TOTAL	EXPERIEN(CE (Yrs &Month	s) TEACHI	NG -	ADMIN -	
HAV	E YOU VI					
	ANY FOR COU (Give I	NTRY				
SCHO	DLARSHIPS					
	RS/AWAR					
]	PROFESSI					
	MEMBE	кэніР				
EXTRA CURRICULAR						
ACTIVITIES / HOBBIES/SPECIAL		IAL				
	NTERESTS					

KNOWLEDGE OF LA	ANGUAGE (W	RITE GOOD, FA	AIR,POORAN	D NOT AT ALL)		
LANGUAGE						
READ						
WRITE						
SPEAK						
KNOWLEDGE OF COM	MPUTER (√)					
SOFTWARE	EXCELLENT	GOOD	FAIR	POOR	NOT AT ALL	
MS-WORD						
MS- POWER POINT						
MS EXCEL						
GRAPHICS S/W						
REFERENCE OF TWO BACKGROUND/SERVI			OU , WHOM AI	RE WELL ACQUAIN	TED WITH YOUR	
NAME	ADDRE		CONTAC	CT NUMBER	OCCUPATION	
If selected, how much	h time would y	ou need to join	Į.			
Do you have any plan t	o proceed on lo	ng leave after joi	ning , during t	he first year of serv	ice?	
Nantian and accuracy for	d:		.+ \A/:	ad an lan an this		
Mention any course/st	dules you are pe	erusing at presen	it. Will you lie	ed ally leave on this	s account:	
				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
		DECLARATION			givan by ma in this	
application form are	•	•			given by me in this elief. In the event of any	
					or appointment, action	
					matically stand cancelled/	
terminated. At any ti						
DATE:	DATE: (SIGNATURE OF THE CANDIDATE)					

	FORE OFICE USE ONLY	
FILL NO.		
	REMARKS	
DATE:		(SIGNATURE)

Please Evaluate Yourself

STRENGTH		
	1	
	2	
	3	
	4	
	5	
WEAKNESS		
	1	
	2	
	3	
	4	
	5	
AREA OF IMI	PROVEMI	ENT
	1	
	2	
	3	
	4	
	5	
For Official	use only	

Write your V	Views in an	ny of the topic given below:
		Teacher's Role in present education system.
		Effectiveness of CCE (Continuous Comprehensive Evaluation).
		Topic of your own choice.
Fore offici	al use only	<u> </u>