



# Laurel High

THE SCHOOL

Saraswati Vihar, Pitam Pura  
Phone No - 47096600, 47083248, 47093248

AFFIX RECENT  
PASSPORT  
SIZED  
PHOTOGRAPH

### Important:

Only certified copies of degrees/certificates/testimonials should be submitted along with this application form.

Originals to be produced at the time of interview only.

The application form must be filled in the candidates own handwriting clearly in bold using blue pen only.

Application for the post of

Date

### PERSONAL INFORMATION OF THE CANDIDATE :

SURNAME	<input type="text"/>	FIRST NAME	<input type="text"/>	MIDDLE NAME	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	AGE: YEARS	<input type="text"/>	MONTHS	<input type="text"/>
SEX: FEMALE	<input type="text"/>	MALE	<input type="text"/>	NATIONALITY	<input type="text"/>
MARITAL STATUS: MARRIED	<input type="text"/>	UNMARRIED	<input type="text"/>	WIDOW / ER	<input type="text"/>
SEPARATED	<input type="text"/>				
PERMANENT ADDRESS	<input type="text"/>				
HOME TEL #	<input type="text"/>	MOB #	<input type="text"/>	EMAIL ADD #	<input type="text"/>
MAJOR ILLNESS/PHYSICAL HANDICAP(IF ANY)	<input type="text"/>				
MOTHER TONGUE	<input type="text"/>				
LANGUAGES KNOWN	<input type="text"/>				

### FAMILY DETAILS :

FATHER'S/HUSBAND'S NAME	<input type="text"/>				
OCCUPATION	<input type="text"/>				
IF MARRIED:	<input type="text"/>				
NUMBER OF CHILDREN	<input type="text"/>				
PARTICULARS OF CHILDREN		Age	Sex	Grade / class and school in which studying	
	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**ACADEMIC AND PROFESSIONAL QUALIFICATIONS**

(Attested Copies of certificates to be attached)

Examinations passed beginning from higher sec. exam	Subjects	Name of school/college	Univ / Board	% marks & Division	Medium of instruction	Year	External or regular student

Name and address of school where practice teaching was conducted:

**TEACHING EXPERIENCE** (Work experience certificates to be attached)

SCHOOL	SUBJECTS TAUGHT	CLASSES TAUGHT	PERIOD: FROM/TO	DURATION	REASON FOR LEAVING

**NON TEACHING EXPERIENCE :**

INSTITUTION	POST HELD	NATURE OF WORK	PERIOD: FROM/TO	DURATION	REASON FOR LEAVING

Total work experience : \_\_\_\_\_

Last Salary Drawn: \_\_\_\_\_

Expected salary : \_\_\_\_\_

**ANY OTHER TRAINING UNDERTAKEN**

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**PROFICIENCY IN COMPUTERS**

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**PARTICIPATION / INTEREST IN CO-CURRICULAR ACTIVITIES**

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**HOBBIES / INTERESTS**

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**ANY SPECIAL ACHIEVEMENT/S:**

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**FUTURE PLANS:**

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**REFERENCES: (Note: References must be other than relatives and should be able to comment on your professional performance and / or academic achievements**

S.no	Name	Professional Status & Organisation	Address	Tel. no.

I hereby certify that the particulars furnished above are correct to the best of my knowledge and belief. I have not concealed any information likely to affect my working in the school. If proved otherwise, my services may be terminated without any notice or compensation

Date \_\_\_\_\_

Place \_\_\_\_\_

\_\_\_\_\_

Signature of candidate