

Form No.....

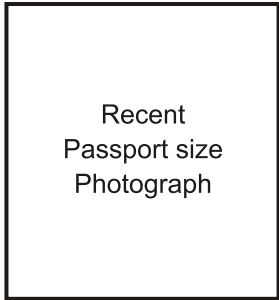


**APPLICATION FORM**

201\_\_ 201\_\_

**BAL BHARATI PUBLIC SCHOOL**

**CRWS, NISHATPURA, BHOPAL.  
CONTACT NO- 0755- 2730206,2747976**



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

1. Name of the Candidate \_\_\_\_\_

(In Block Letters)

2. Date of Birth :

(a) In figures \_\_\_\_\_

(b) In words \_\_\_\_\_

3. Address (Permanent) \_\_\_\_\_

\_\_\_\_\_

Postal Address to which communication is to be sent \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_ Any other Contact No. \_\_\_\_\_

e-mail \_\_\_\_\_

4. Married or Unmarried \_\_\_\_\_

If married, number of children with their age \_\_\_\_\_

\_\_\_\_\_

5. Father's/Spouse's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Designation \_\_\_\_\_

Address (Residence) \_\_\_\_\_

\_\_\_\_\_

Office Address \_\_\_\_\_

\_\_\_\_\_

**6. Educational Qualification (Starting from Secondary/Higher Secondary or Equivalent Examination).**

S. NO.	NAME OF THE EXAMINATION	NAME OF THE SCHOOL/UNIVERSITY	YEAR OF PASSING	SUBJECTS TAKEN	PERCENTAGE OF MARKS & DIVISION
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**7. Teaching Experience to be filled in the columns provided below :-**

S. NO.	NAME OF THE INSTITUTION SERVED/SERVING IN, WITH FULL ADDRESS	PERIOD OF SERVICE	TOTAL SALARY DRAWN	CLASSES / SUBJECTS TAUGHT	ANY OTHER DUTY PERFORMED	REASON FOR LEAVING
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**8. Organisational and Administrative Experience**

S. NO.	EXPERIENCE	NATURE OF RESPONSIBILITY	NAME OF THE SCHOOL
1.			
2.			
3.			
4.			

**9. Co-curricular Activities (Tick only the activities in which you are proficient. - Outdoor games, Indoor games, Literary Activities, Dramatics, Dance, Music, Swimming, Organisation of Student Clubs etc.)**

S. NO.	NAME OF THE ACTIVITY	LEVEL OF PARTICIPATION	ACHIEVEMENT	REMARKS
1.				
2.				
3.				
4.				

**10. Publication if any - Book/Research Paper/Article in Newspapers if any.**

S. NO.	SUBJECT/TOPIC	NAME OF PUBLICATION AND PUBLISHER	YEAR OF PUBLICATION
1.			
2.			
3.			
4.			

(Attach a copy of the Publication if possible)

**11. List the Computer Software you are familiar with and tick (✓) the appropriate column.**

	Name of Software	Slight	Fair	Good		Name of Software	Slight	Fair	Good
1.					4.				
2.					5.				
3.					6.				

**12. REFERENCES (with full address and designation)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**13. Any other special qualifications which you want to furnish.**

Blank space for providing special qualifications.

**14. Please write in brief as to how you propose to give your best to the institution in case you are employed.**

Blank space for writing a brief proposal on how to give the best to the institution.

**15. Health**

Height (cms) \_\_\_\_\_ Weight (Kgs) \_\_\_\_\_ Eye Sight (Normal/with Glasses) \_\_\_\_\_

Do you wear contact lenses ? Yes / No Power of your lenses Left \_\_\_\_\_ Right \_\_\_\_\_

Have you ever suffered from any major illness/injuries ? Yes / No If yes, please give details

\_\_\_\_\_

Are you currently on any term medication ? Yes / No If yes, please give details \_\_\_\_\_

\_\_\_\_\_

**N.B.** 1. Incomplete application will not be considered.

2. Copies of relevant certificates of age, qualification and experience must be attached with the application.

**Date :**

**Signature of the Candidate**

**DECLARATION**

I hereby certify that the foregoing information given by me is true and correct. I agree that BBPS-Noida shall not be liable in any respect if my application is rejected because of falsity of answers or omissions made by me in this application. I also authorize the institution to secure any information regarding me and I hereby release any person, firm or institution from liability for any damage whatsoever for issuing such information.

**Date :**

**Applicant's Signature**

(For office use)

• Date of receipt of application \_\_\_\_\_

Signature

• **ENTRANCE TEST**

MARKS : \_\_\_\_\_

CALL	REJECT
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• **PRELIMINARY INTERVIEW**

CALL	REJECT
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• **FINAL INTERVIEW**

SELECT	REJECT
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Dated

Signature of Principal