			PART A	- RESUM	۸E			
Personal	Inform	ation			_	•		
Ms/Mr./Dr	5.							
Ms/Mr./Dr. Name in BLOCK letters							Paste a passport size Color photograph here	
Date of Bir	rth	/	/	/				рпосодгари неге
In Words								
Age	/	/	//		day	//	/ _	
Contact A	ddress							
Permanen								
E-mail				Mo	ob).:		
Place of B	irth		State			Nati	ionality	
						ced Sepa		
Height				Weight				
Children	Name			Se	X	School		Age
	2							
	3							
Name & O	ccupation							
		Father			-	Occupation		-
		Mother			_	Occupation		
		Spouse				Occupation		
Office Add								
Telephone	NOS.	Father			-	Tel		
		Mother				Tel		
		Spouse				Tel		

~	Discipline/Subje	ect School/College	e Board/Univers	ity Year of Passing		Division
High School						
Inter/+2						
Graduation						
Post Graduation						
B.Ed.						
MMI/NTT						
Any Other						
Honors Research Wor Publication Co-curricular						
Research Wor	 es /					
Research Wor Publication Co-curricular Activities Sports / Gam Outdoor Activ	es / vities — n Language Li	anguage	F	Read	Write	Speal
Research Wor Publication Co-curricular Activities Sports / Gam Outdoor Activ	es / vities —— n Language La	anguage		Read	Write	Speal
Research Wor Publication Co-curricular Activities Sports / Gam Outdoor Activ	es / vities —— n Language Laue at # I) 1			Read	Write	Speal
Research Wor Publication Co-curricular Activities Sports / Gam Outdoor Activ	es / vities —— n Language Laue at # I) 1	<u> </u>		Read	Write	Speal
Research Wor Publication Co-curricular Activities Sports / Gam Outdoor Activ	es / vities — n Language La ue at # I) 1			Read		Spea

Interests

Indicate the area of your interests, in order of preference from the ones enlisted below:

		ones enlisted below:
Academics	Co-curricular Activities	Sports Activities
Accountancy	Advertising	Athletics
Ancient Civilization	Archaeology	Badminton
Anthropology	Art Galleries	Basket
Art/History	Clay Modeling	Carrom
Banking	Dance	Chess
Business	Dramatics	Cricket
Administration	Film/TV/Journalism	Darts
Management	Fine Arts	Football
Computer Science	Interior Designing	Gymnastics
Economics	International Organization	Handball
Environmental Studies	Literacy Activities	Hockey
International Relations	Museums	Judo
Languages	Music	Karate
Literature	NCC/Scouts/Guides	Lawn Tennis
Mathematical Science	Philately	Skating
Natural Science	Photography	Tennis
Physical/Applied Science Social Science	Physical Fitness Red Cross	Volley Ball
	i led cross	
	1	1
	2	
	3	3

Work Experience				
Name of Institution	From	To	Position Held	Subjects and Class taught
		_		- 1 -
Total Experience	Tea	aching	Admin	istration
(In Years)				
Another (Please Specify)				
Particulars of Previo	us Job			
Name and full address of Present/Las	t organization			
Contact Numbers			Previous/Present Designation	
Date of Joining			Place of Posting	
Total Emolument			Basic	
Allowance			Other Benefits	
Were you bound by any so	ervice/contra	ct (if yes, s	give details)	
Are there any legal cases	pending agair	nst you?		

PART B - GETTING TO KNOW YOU
Describe yourself as a person. What are your strengths and weakness?
Given a chance what you like to work upon - your strengths or weakness?
Describe briefly how your achievements (as already explained by you) have made you a better person.
Have you ever adopted a non-traditional approach to manage or handle a situation (child related) Describe your approach & the outcome
Briefly tell us about any one situation or event wherein your potential as a teacher has been exhibited

Five years down the line you see yourself as
You idolize people who
You as a child, a teenager, an adult
Undertaking
hereby solemnly declare that the information/details furnished by me in the above form are factually correct and to the best of my knowledge. I also declare that I enjoy good and sound health as endorsed in the Medical Fitness Certificate being submitted by me.
Signature Date
Instructions 1. You are requested to fill in this application form in your hand writing
1. You are requested to fill in this application form in your hand writing.
2. Do not attach any certificate with the application form.
 Submission of any false information will make you liable for summary rejection at the time of interview, or if appointed, termination without notice
4. In the column for academic information, please fill in only recognized and completed qualifications.

For office use only		
Preliminary Screening		
Date		Interviewer by
Selected	Not Selected	Signed by
Demo		
Date		Conducted by
Selected	Not Selected	Signed by
Final Interview		
Date		Conducted by
Selected	Not Selected	Signed by
Remarks by:		
ŕ		
Final Recommendation	on by :	
May join with effect fro	om	
Grade	Salarv	Designation
_ocation selected for	Shalom Hills Su	ıshant Lok Shalom Hills International School
	Shalom Hills Ni	irvana Shalom Presidency School
Approved by		Head of School

Checking of Certificates (to be tick marked)	
Certificates	
School leaving (verify DOB)	
Intermediate/+2	
Graduation	
Experience Certificate	
B. Ed.	
Post Graduation Experience Certificate(s)	
Any other	
Blood Group	
Signature and stamp of checking authority	 Date