



VISHWA BHARATI PUBLIC SCHOOL

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Self Attested
Passport size
Photograph

APPLICATION FOR THE POST OF: _____

PART ONE: PERSONAL INFORMATION

- Name (Block Letters): _____
- Gender : Male Female Others
- Mother's Name: _____ Occupation: _____
- Father's Name: _____ Occupation: _____
- Qualification: _____
- Date of Birth: Date Month Year 7. Age (as on date): ____Y ____ M
- Verified Aadhaar No. 9. Blood Group 10. Nationality
- Religion 12. Mother Tongue
- Marital Status: Married Unmarried Divorced Widowed
- Family Details: (Give details of Spouse if married & Father if unmarried)
 - Name of Spouse / Father: _____
 - Occupation: Govt. Employee PSU Employee Private Service Self Employed
 - Name & address of the Organisation: _____

 - Designation: _____ e) Mob. No. _____
 - Annual Income: _____ g) Email id: _____
 - Details about Children:

S.No.	Name	Sex	Age	Institution in which they are studying
1.				
2.				

15. Present Address (Own / Rented): _____

16. Mobile: _____ Email: _____ Emergency no. _____

17. Permanent Address: (Own / Rented) _____

_____ Phone No. _____

18. Details of Foreign Travel: _____
(If any) _____

19. Awards / Honours / Scholarships received if any:

1) _____

2) _____

3) _____

PART TWO: ACADEMIC RECORD

(Write from latest to first)

S. No.	Exam Passed	Year	Name of Institute/ College/University	Course		%of Marks and Division	Subjects Offered
				Regular	Correspondence		

PART THREE: TEACHING/ADMINISTRATIVE EXPERIENCE

(Give details of Institutions where you have worked from the latest to first)

S. No.	Institution	Post Held	Period		Classes Taught	Salary Drawn	Reason for Leaving
			From	To			

1. a) Total Teaching Experience Years Months

b) Total Administrative Experience Years Months

11. Name, designation, address and Tel. No. of two references (Not related to you)

1. _____	2. _____
_____	_____
_____	_____

12. Ailment/s if any (Tick mark if any of these is applicable/cross if not applicable)

Blood Pressure	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Allergy	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Cardiac	<input type="checkbox"/>	Any other give details	<input type="checkbox"/>

13. If selected, how much notice do you require? (State Period) _____

I hereby declare that the information furnished above is true. In case any statement is proved concealed or incorrect at any point of time, I shall be liable to such action as the Management of the Institution deems proper.

Date of application: _____

Signature of Candidate

Withholding of any information shall lead to disciplinary action.

PART FIVE

List of enclosures: Self Attested copies of -

- | | |
|---|--------------------------|
| 1. All Academic and Professional Certificates (Mark Sheet and Degrees) | <input type="checkbox"/> |
| 2. Experience and Conduct Certificate from Heads of Institutions served previously | <input type="checkbox"/> |
| 3. Medical Certificate of fitness from Govt. CMO/Govt. Hospital | <input type="checkbox"/> |
| 4. Other Certificates in support of your claim about proficiency in Co-Curricular Activities etc. | <input type="checkbox"/> |
| 5. Two latest Passport size Photographs
(One to be pasted on form and one to be attached) | <input type="checkbox"/> |

Note:- Incomplete application will not be considered

(FOR OFFICE USE)

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| • Entrance Test
Marks: _____ | Call <input type="checkbox"/> | Reject <input type="checkbox"/> |
| • Preliminary Interview | Call <input type="checkbox"/> | Reject <input type="checkbox"/> |
| • Final Interview | Select <input type="checkbox"/> | Reject <input type="checkbox"/> |

Dated:

Signature of Principal