



# DAV PUBLIC SENIOR SECONDARY SCHOOL

(A Project School Managed by DAV College Managing Committee, Chitra Gupta Road, New Delhi)  
An English Medium, Co-educational, Senior Secondary School, Affiliated to CBSE, New Delhi

Affiliation No. 2130046

Bina Project (NCL), District- Sonebhadra (U.P.) Pin- 231220

E-mail id : [info.davbina@gmail.com](mailto:info.davbina@gmail.com),

website : [www.davpsbina.org](http://www.davpsbina.org)

Paste a Recent  
Passport size  
coloured  
Photograph here

Application No. (To be given by Office): \_\_\_\_\_

Post Applied for:

PGT

Pre-Primary/NTT

LDC Accounts

TGT

Special Educator

LDC Admin

PRT

Counselor

Lab Assistant

(Please tick in the appropriate box)

Subject (Specify) \_\_\_\_\_

Instructions for Candidate:

1. Kindly fill this Application Form in your own handwriting
2. Please attach self-attested certificates & testimonials (Mark sheets, Degrees, Experience Certificates & One ID proof etc.) with this Application Form
3. If, necessary, please attach a separate sheet for additional information which may be relevant
4. Submission of any false information will make your candidature liable for rejection at the time of interview or, if appointed, termination without notice
5. In the column, for academic information please fill-in only recognized and completed qualifications.
6. **Employees of DAV schools should submit their application through proper channel**

Name in BLOCK Letters

Candidate Name

(Mr. / Mrs. / Ms)

: \_\_\_\_\_  
First Name Middle Name Last Name

Father's Name /  
Husband's Name

: \_\_\_\_\_

Date of Birth (DD/MM/YY)

: \_\_\_\_\_ Age (as on 01.04.2024): \_\_\_\_\_ Years \_\_\_\_\_ Months

Gender

: Male  Female

Permanent Address

: \_\_\_\_\_  
Pincode \_\_\_\_\_

Address for  
Communication/  
Current Address

: \_\_\_\_\_  
Pincode \_\_\_\_\_

Tel. No. (Resi.) \_\_\_\_\_ Mobile No. \_\_\_\_\_

E-Mail \_\_\_\_\_

Place of Birth

: \_\_\_\_\_ State \_\_\_\_\_

Nationality

: \_\_\_\_\_

Marital Status

: \_\_\_\_\_

Number of Children : \_\_\_\_\_

**Details of Children**

Name	Gender	Age in Years as on 01.04.2024

Have you ever been convicted by any court of law or is any disciplinary proceeding/enquiry pending against you or has any penalty been imposed on you? Yes  No

If yes, give details : \_\_\_\_\_

**Academic Qualifications:**

Name of Examination	Year of Passing	Board/ University	Obtained marks	Total Marks	%age	Division	Subject(s)/with Medium of Study
Matric/ Secondary							
Hr. Sec./ Sr. Sec./ Inter/PUC							
B.A. / B.Sc. / B.Com.							
M.A. / M.Sc. /M.Com.							
B.Ed.							
M.Ed. / M. Phill.							
Ph. D							
N.T.T.							
CTET / TET							
Any other Qualification							

Scholarship / Awards / Prizes: \_\_\_\_\_

Publication: \_\_\_\_\_

Institution Served (In Chronological order):

Name of the Institution with Address	Board (CBSE / ICSE / other) with Affiliation no., if any	Desig.	Period		Total Years & Months	Class & Subject taught (for teaching posts only)	Pay Scale	Reason for Change
			From	To				

Total Experience: \_\_\_\_\_

Name of three books recently read with names of authors:

Title \_\_\_\_\_ Author \_\_\_\_\_ Title  
\_\_\_\_\_ Author \_\_\_\_\_  
Title \_\_\_\_\_ Author \_\_\_\_\_

Proficiency in Language : (Please tick the appropriate column)

Language	Read	Write	Speak

Research Experience (if any):

Name of University	Duration	Subject	Result / Progress

Proficiency in Computer (Which Software you can use proficiently?):

- MS WORD       MS EXCEL       MS POWER POINT       INTERNET  
 EMAIL       DATA TRANSFER       DATABASE       LIBRARY SOFTWARE

Do you suffer from any major ailment/medical problem? Yes  No

If yes, please furnish details \_\_\_\_\_

Give details of two professionals' references (other than your relatives in the field of education) from whom confidential reports about your work, Character and Personality may be obtained, at least one of them must be H.O.D. / Head of Institution in which you have worked.

Name	Designation	Institution	Address	Tel. No. / Mobile No.	E-Mail

**Experience of attending in-service Seminar /Workshops /Training Programmes as participant/Resource Person in last 03 years:** (Attach separate sheet if required)

Particulars of the programme	As Participant / Resource Person	Period		Organized by	Achievement
		From	To		

**Details of Salary last drawn :**

Name of Institution / Organization	Month	Pay Scale / Level	Basic Pay	Allowance (DA, PF, HRA etc)	Gross Salary

**Please mark the area(s) in which you can train students:**

Literary  Music  Dance  Dramatics  Sports  NCC

**If selected, State the exact period after which you can join :** \_\_\_\_\_

**If selected, how do you propose to contribute to the School's growth and excellence?**

\_\_\_\_\_

### DECLARATION

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 impair my fitness for employment. If it is revealed later that I have given false details or concealed information, my services shall be liable to termination without any notice or compensation.

If selected, I shall produce: -

- (a) Medical Certificate from Recognized Medical Practitioner and
- (b) Experience Certificate from my last Employer

**Date :** \_\_\_\_\_

**Place :** \_\_\_\_\_

**(Signature of the Candidate)**

## PERSONAL FITNESS FORM

TO BE FILLED AND SIGNED BY THE APPLICANT AND SUBMITTED WITH THE APPLICATION FORM. IF SELECTED FOR THE POST, THEN APPLICANT NEEDS TO SUBMIT MEDICAL CERTIFICATE FROM A RECOGNISED MEDICAL PRACTITIONER.

NAME: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ CMS      WEIGHT: \_\_\_\_\_ KGS

VISION: LEFT EYE \_\_\_\_\_ RIGHT EYE \_\_\_\_\_

BLOOD PRESSURE \_\_\_\_\_ ON DATE \_\_\_\_\_

DO YOU HAVE DIABETES?      YES       NO

MARK OF PERSONAL IDENTIFICATION : \_\_\_\_\_

### For Office Use only

VERIFICATION OF CERTIFICATES (TO BE TICK MARKED)

<u>CERTIFICATE (S)</u>	<u>CHECKED</u>	<u>REMARKS</u>
ID PROOF (D.O.B & ADDRESS)	<input type="checkbox"/>	_____
SECONDARY	<input type="checkbox"/>	_____
SR. SECONDARY	<input type="checkbox"/>	_____
GRADUATION	<input type="checkbox"/>	_____
B. ED.	<input type="checkbox"/>	_____
POST GRADUATION	<input type="checkbox"/>	_____
EXP. CERTIFICATES	<input type="checkbox"/>	_____
Others	<input type="checkbox"/>	_____

**Checked By**      :

**Name & Signature** :

**Date**      :

**Verified By**      :

**Name & Signature:**

**Date**      :