



D.A.V. ORIENT GYAN MANDIR

ORIENT CEMENT COLONY, DEVAPUR,
MANCHERIAL (D), TELANGANA, 504218

School Phone Number: 08736-222123

CBSE Affiliation Number: 3630538

Paste your
latest
Passport Size
Photo

APPLICATION FOR TEACHING /NON- TEACHING STAFF

- NOTE: 1. Candidate must paste the Photo and fill all fields as applicable to him / her.
2. Application without Photo and Incomplete Information will be rejected.

Post Applied For:

(Please tick and fill whichever is applicable)

<input type="checkbox"/>	Teaching post (Please mention post applied for - e.g. PGT/TGT/ PRT/Nursery Teacher)	Mention Subject applied for
<input type="checkbox"/>	Non-teaching post (Please mention post applied for)	

Personal Information:

First Name: _____ Last Name: _____

Father's Name: _____ Mother's Name: _____

Nationality: _____ Religion : _____

Date of Birth: ____ / ____ / ____ (dd/mm/yyyy) Gender : Male Female

Registered Mobile Number: _____ WhatsApp Number: _____

Permanent Address: _____

_____ City: _____ State: _____

Pin code: _____ Email Address: _____

Proficiency in Computers : Yes No

Languages Known : _____

Whether working/worked in any DAV school: Yes No

If Yes, Name of the DAV School: _____

Year/s when worked/since when working _____

Total Experience (in years): _____

Past Teaching Experience as Teacher: Write from Latest to first employment

Teaching Experience Name of the School / Institution	Affiliation Board of Institution	Designation	Date &Year of Joining	Date & Year of Leaving	Period of service		Classes & Subjects handled	Salary drawn
					Year	Months		
Are you currently employed? Yes No if yes, please give particulars of present job below.								

Reference of previous employer or an Academician:

a) Name of the person Mr./Ms. _____ b) Name of the person Mr./Ms. _____

Name of the Organisation : _____

Name of the Organisation : _____

Designation : _____

Designation : _____

Office Address : _____

Office Address : _____

_____ City _____ Pin: _____

_____ City _____ Pin: _____

Mobile Number: _____

Mobile Number _____

E-Mail ID _____

E-Mail ID _____

Educational Qualifications:

	Name of Board/ University	Year of passing	Marks Obtained	Total Marks	Percentage	Division	Whether course is Regular/ Correspondence/ Open School/Non-Collegiate
X							
XII							
Graduation							
Post-Graduation							

Professional Qualifications:

[M.Ed., B.Ed., N.T.T, J.BT, Computer Course etc.]

	Name of Board/University	Marks Obtained	Total Marks	Percentage	Division	Whether course is Regular/ Correspondence/Open School/Non- Collegiate
1.						
2.						
3.						

Certifications CTET/TSTET/APTET: CTET TSTET APTET

Paper –I Yes No
Paper –II Yes No

DAV Computer Based Test Qualified : Yes No

Year of Passing : 2024 2025

CBT Roll Number :

How can you contribute to the school besides teaching your subject? Select your Interest area(s)

<input type="checkbox"/> Games and Sports	<input type="checkbox"/> Yoga	<input type="checkbox"/> Art and Crafts
<input type="checkbox"/> Organizing Events	<input type="checkbox"/> Painting	<input type="checkbox"/> Music
<input type="checkbox"/> Drama/Nukkad	<input type="checkbox"/> Dance	<input type="checkbox"/> Robotics
<input type="checkbox"/> Career counselling	<input type="checkbox"/> Literary activities	<input type="checkbox"/> SEWA & community welfare projects
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Documents to be attached by the candidate:

- Educational Certificates (Attach documents matching your listed qualifications)
- Professional certifications
- PEC Certificate
- CTET/TET Certificates
- Experience Letters (if applicable)
- ID Proof (Aadhar/Passport/Any other)
- 2 Photographs (recent, passport size)

Declaration by the Applicant

I _____

S/D/W/o _____

hereby declare that all the information provided in this application form is true and correct to the best of my knowledge and belief.

I understand that if any information is found to be incorrect or misleading, my application may be rejected, and I may be disqualified from the recruitment process or my appointment may be terminated.

Date: ___/___/_____

Place: _____

Signature: _____