ARMY PUBLIC SCHOOL BEAS APPLICATION FOR TEACHING STAFF

Application	n form for the post of		
Subject:			Please paste recent Passport Colour photograph Do not staple
. <u>PE</u>	RSONAL DATA		
(a)	Name in full (Block Letters)	:	
(b)	Son/Daughter / wife of	:	
(c)	Date of Birth (Age as on 15 Feb 2025)	:Ys	MsDs
(d)	Nationality	:	
(e)	Religion	:	
(f)	State	:	
(g)	Address (Permanent)	:	
(h)	Contact Details :-		
	Landline No (with STD Code)	:	
	Mob No	:	
	Email ID	:	
2. <u>PR</u>	ESENT/ PREVIOUS OCCUPATION		
(a)	Designation of Post (with Subject)	:	
(b)	Name and Address of Institution / Organization	:	
(c)	Designation of Superior In charge	<u>:</u>	

3. **FAMILY LIFE**

(d)

(e)

(d)

(a)	Martial status	:Single/Married/Widowed	
(b)	Name & occupation of Father/Spouse	:	
(c)	No of children with age and sex	:	

Contact No of Superior (for verification)

Notice Period Required (if selected)

Last salary Drawn

4. <u>EDUCATIONAL. QUALIFICATION</u>: Give details of all exam from Matriculation Onwards (You may attach a separate sheet, if necessary.)

Examination	Name of Board/	Year of	Subjects taken	Marks	Percentage &
Passed	University	Passing		Obtained	Division
	1	1	•	· ·	
ave you cleare	d·-				

Цахо	you cleared:							
паve (i)			s (Mark	s)	_ (Date of	passing Ex	am)	
(ii)	CTET/ST	ET: Yes /N	lo (if Ye	es (Marks)		(Date of pa	ssing Exan	n)
	e of Classes		-			cts:- ects		
	ing in NCC, proficiency	_				er such acti		e rank,
—– Merit	/Scholarshin	won? If s	o what?					
VICII	/Scholarship							
Lang	uages you ca	n Read, W	rite & S	peak fluer	ntly:-			
Lang		n Read, W	rite & S	peak fluer	ntly:-		(c)	
Lang (a)	uages you ca	n Read, W	7rite & S	peak fluer	ıtly:-	_ ((c)	
Lang (a)	uages you ca	n Read, W	rite & S (b) ? If so, g	peak fluer	ıtly:-	_ ((c)	
Lang (a)	uages you ca	n Read, W	Vrite & S (b) ? If so, g	peak fluer	itly:-	_ (c)hich publis	shed?
Lang (a) Any l	uages you ca Books/Articl IPUTER KI Have you	n Read, W es written	rite & S (b) ? If so, g OGE. Degree/I	ive their T	itly:-	_ (azines in w	hich publis	shed?

Experience (Related to subject):- <u>Give details in Chronological Order (You may attach a separate sheet, if necessary.)</u> 12.

Experience		School/ College	Subject taught	Classes	No of	Total
year (Exact dates to				taught	pupils	Exp in
be indicated	l)				taken	Years
From	То					
Experience	as TGT					
year (Exact	dates to					
be indicated	l)					
From	To					
Experience	as PRT					
year (Exact	dates to					
be indicated)						
From To						

	ndicated	<u> </u>								
F	rom	То								
										-
-		as PRT								
	•	dates to								
	ndicated rom	To								
1	10111	10								
APT	ITUDE									
(a)		-	vou eniov	z teaching	most?					
(b)	_			_						
(c)										
, ,		nes								
	LTH.									
(a)	What	kind of h	ealth you	keep?						
(b)	Medi	cal Disabi	lity / Spe	cific Ailm	nent (if any	/)				
(c)	Do yo	ou need ar	ny medica	ıl treatme	nt for the o	lisease you	are sufferi	ing fro	om	
(d)	Are y	ou differe	ntly able	d? Give d	etails					
Speci	fy Achi	evements	in Co-Cu	ırricular <i>A</i>	Activities /	Sports:				
		<u>CTIVITIE</u>						_		
(a)							-	•	ave which	•
belie	ve will b	oe valuabl	e for this	Institution	n					

17. of you	Give Names of two references, which know r work (not relatives):-	v you wo	ell personally and have an intin	nate knowledge
(a)	Name:Address	(b)	Name:Address	
and be	I have/ have not been selected at the CSB In have been / have not been selected for the application of the selected for the application. I also understand that in case any particular, my services are liable to be terminated with the control of th	pointme rs/staten culars gi	nents are true to the best of my ven above are found to be	knowledge
Date :	2025		(Signature of Applica	ant)