

Form No.....

APPLICATION FORM

201__ 201__



Bal Bharati
PUBLIC SCHOOL

SECTOR 21, NOIDA - 201301
Phone : 0120-2534064, 0120-2538533

Recent
Passport size
Photograph

Post Applied for _____

1. Name of the Candidate _____

(In Block Letters)

2. Date of Birth :

(a) In figures _____

(b) In words _____

3. Address (Permanent) _____

Postal Address to which communication is to be sent _____

Telephone No. _____ Any other Contact No. _____

e-mail _____

4. Married or Unmarried _____

If married, number of children with their age _____

5. Father's/Spouse's Name _____

Occupation _____ Designation _____

Address (Residence) _____

Office Address _____

6. Educational Qualification (Starting from Secondary/Higher Secondary or Equivalent Examination).

S. NO.	NAME OF THE EXAMINATION	NAME OF THE SCHOOL/UNIVERSITY	YEAR OF PASSING	SUBJECTS TAKEN	PERCENTAGE OF MARKS & DIVISION
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

7. Teaching Experience to be filled in the columns provided below :-

S. NO.	NAME OF THE INSTITUTION SERVED/SERVING IN, WITH FULL ADDRESS	PERIOD OF SERVICE	TOTAL SALARY DRAWN	CLASSES / SUBJECTS TAUGHT	ANY OTHER DUTY PERFORMED	REASON FOR LEAVING
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

8. Organisational and Administrative Experience

S. NO.	EXPERIENCE	NATURE OF RESPONSIBILITY	NAME OF THE SCHOOL
1.			
2.			
3.			
4.			

9. Co-curricular Activities (Tick only the activities in which you are proficient. - Outdoor games, Indoor games, Literary Activities, Dramatics, Dance, Music, Swimming, Organisation of Student Clubs etc.)

S. NO.	NAME OF THE ACTIVITY	LEVEL OF PARTICIPATION	ACHIEVEMENT	REMARKS
1.				
2.				
3.				
4.				

10. Publication if any - Book/Research Paper/Article in Newspapers if any.

S. NO.	SUBJECT/TOPIC	NAME OF PUBLICATION AND PUBLISHER	YEAR OF PUBLICATION
1.			
2.			
3.			
4.			

(Attach a copy of the Publication if possible)

11. List the Computer Software you are familiar with and tick (✓) the appropriate column.

	Name of Software	Slight	Fair	Good		Name of Software	Slight	Fair	Good
1.					4.				
2.					5.				
3.					6.				

12. REFERENCES (with full address and designation)

1. _____
2. _____
3. _____

13. Any other special qualifications which you want to furnish.

14. Please write in brief as to how you propose to give your best to the institution in case you are employed.

15. Health

Height (cms) _____ Weight (Kgs) _____ Eye Sight (Normal/with Glasses) _____

Do you wear contact lenses ? Yes / No Power of your lenses Left _____ Right _____

Have you ever suffered from any major illness/injuries ? Yes / No If yes, please give details

Are you currently on any term medication ? Yes / No If yes, please give details _____

N.B. 1. Incomplete application will not be considered.

2. Copies of relevant certificates of age, qualification and experience must be attached with the application.

Date :

Signature of the Candidate

DECLARATION

I hereby certify that the foregoing information given by me is true and correct. I agree that BBPS-Noida shall not be liable in any respect if my application is rejected because of falsity of answers or omissions made by me in this application. I also authorize the institution to secure any information regarding me and I hereby release any person, firm or institution from liability for any damage whatsoever for issuing such information.

Date :

Applicant's Signature

(For office use)

• Date of receipt of application _____

Signature

• **ENTRANCE TEST**

MARKS : _____

CALL	REJECT
------	--------

• **PRELIMINARY INTERVIEW**

CALL	REJECT
------	--------

• **FINAL INTERVIEW**

SELECT	REJECT
--------	--------

Dated

Signature of Principal