G D Goenka
INTERNATIONAL SCHOOL

GD GOENKA INTERNATIONAL SCHOOL KAPURTHALA



Important: Please answer all questions and print the information clearly in BOLD, using black or blue BALL POINT pen. APPLICATION FOR THE POST OF Date Note: 1. Only certified copies of Degrees/ Certificates/ Testimonials should be sent with this Application Form. Originals must be produced at the time of interview only. 2. Applicants called for the interview shall bear their own travelling expenses unless Please paste photograph. otherwise agreed in advance. DO NOT STAPLE 3. Application should be delivered personally at the School office or sent by Registered Post. PERSONAL DATA OF CANDIDATE First Name Middle Name Surname Date of Birth | DD/MM/YYYY Months Years Days Marital Status: Married Widow(er) Sex: Female Male Nationality Unmarried Separated Permanent Address Pin Code City Country Fax# Home Tele# Mob# Email Father's/ Husband's Name Occupation Address Number of Children: Sex Grade/Class and School in which studying 3 Major illness(es) past or present Physical handicap/ disability # any Personal Habits: Do you Smoke? Yes No Do you Drink? Yes No Have you ever been convicted of any criminal offence? If so, give details

Scale

Allowances

Total

Present Pay/ last salary drawn Basic Pay

List games you play
Special Distinctions achieved
Name literary or cultural activities in which interested. Mention any distinctions achieved.
Mention whether "Captain"/"Secretary"/"President" of a Team/ Club/ Society. Give names of School/ Colleges where these positions held.
Any other special particulars/ achievements
REFERENCES Note: References must be able to comment on your professional performances and/or academic achievements
Name Designation Telephone
Address City/ State Pin Code
Name Designation Telephone
Address City/ State Pin Code
How much notice required for joining
Minimum salary acceptable
Have you ever applied for any post in any G. D. Goenka School earlier? If so, when?
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 material information, my services are liable to summary termination without any notice or compensation.
If selected, I shall produce: a) Medical Certificate from a recognised Hospital/ Clinic/ Registered Medical Practitioner (indicating, in the case of ladies, if they are pregnant) b) Experience certificate from my last employer duly counter signed by the Zonal Educational Officer or the competent authority.
Date Place FOR OFFICE USE ONLY
Signature of Applicant Call for interview on

ACADEMIC QUALIFICATIONS

Examination	Board	Subjects	Year		Level	Grade/ P	ercentage	School
NIVERSITY OR (COLLEGE							
Degree Passed		Subjects	Year	Division	% if applicable		University/ College	
NICATIONAL DE	GREE/ DIPLOMA	CERTIFICATE						
DUCATIONAL DEGREE/ DIPLOMA/ Degree Passed		Subjects	Year Divisi		Division	n % if applicable		University/ Colleg
ACHING EXPE		1	20020	le.				
School	Subjects taught	Grades/ Classes	Curriculum	From d	/m/y to d/m/y	Total	Reas	on for Leaving
					-			
ROFESSIONA	L TRAINING AN	D EXPERIENCE	FOR NON-TI	EACHIN	G POSTS)			
RAINING			(new manufactures)					
Name of the Institution		Course attended	From d/m/y to d/m/y		Total	Shorthand/ Typ		ng speed/ Grade
XPERIENCE								
Name of Organisation		Nature of work	From d/m/y t	O d/m/y	Total	Reason		for leaving
Name of O								
Name of O								