



VISHWA BHARATI PUBLIC SCHOOL

- Noida**
Sector – 28, Ph:2455197/142, Email-vbpsnoida@rediffmail.com
- Greater Noida**
Sector Beta-1, Ph: 2326813/841, Email-vbpsgn@gmail.com
- Dwarka**
Sector-6, New Delhi, Ph: 25082884, Email-vbpsdwarka@yahoo.co.in
- Ghaziabad**
Sushant Aquapolis, U.P., Ph: 9958099753, Email-vbpsgzb@yahoo.com

Self Attested
Passport size
Photograph

APPLICATION FOR THE POST OF _____

PART ONE : PERSONAL INFORMATION

- Name (Block Letters) _____
- Gender : Male Female
- Mother's Name & Occupation _____
- Father's Name & Occupation _____
- Qualification _____
- Date of Birth Date Month Year
- Passport No.
- Pan No.
- Driving License No.
- Aadhaar No.
- Blood Group
- Nationality
- Religion
- Mother Tongue
- Marital Status Married Unmarried Divorced
Widowed
- Family Details (If married)
 - Name of Spouse _____
 - Occupation Govt./PSU Employee Private Service Self Employed
 - Name & address of the Organisation _____
 - Designation _____
 - Annual Income _____
 - Details about Children _____

| S.No. | Name | Sex | Age | Institution in which they are studying |
|-------|------|-----|-----|--|
| | | | | |
| | | | | |

17. Present address for correspondence _____

18. Phone _____ Mobile _____ Email _____

19. Permanent Address _____
_____ Phone _____

20. Details of Foreign Travel _____
(If any)

21. Awards / Honours /Scholarships received if any
1) _____
2) _____
3) _____

PART TWO : ACADEMIC RECORD

(Write from latest to first)

| S. No. | Exam Passed | Year | Name of Institute/ College/University | Course | | %of Marks and Division | Subjects Offered |
|--------|-------------|------|--|---------|--------------------|------------------------------|------------------|
| | | | | Regular | Correspon dence | | |
| | | | | | | | |

PART THREE : TEACHING/ADMINISTRATIVE EXPERIENCE

(give details of Institutions where you have worked from the latest to first)

| S. No. | Institution | Post Held | Period | | Classes Taught | Salary Drawn | Reason for Leaving |
|--------|-------------|-----------|--------|----|-------------------|-----------------|-----------------------|
| | | | From | To | | | |
| | | | | | | | |

1. a) Total Teaching Experience Years Months

b) Total Administrative Experience Years Months

2. Any Special Achievement Worth highlighting _____
(e.g. Result in Academics, Competitions etc.) _____
3. Other Duties and Responsibilities held (attach sheet if necessary)
4. Computer proficiency you are familiar with _____

PART FOUR : OTHER INFORMATION

1. Details of Seminars / Conferences participated in (with duration)
- I. _____
- II. _____
- III. _____
- IV. _____
2. Membership of any Library /Society/Organisation (National/International)
- I. _____
- II. _____
3. Proficiency in
- I. Sports
- II. Co-Curricular Activities
4. Hobbies and interests
- I. _____
- II. _____
- III. _____
5. If involved in any case?
(Give details of disposed off or pending litigation) _____
6. Do you take private tuitions? Yes No
7. Any Management Member of Vishwa Bharati known to you Yes No
If yes, relation: _____
8. Does any of your relation work in any of our institutions. If yes, give details _____
9. Have you applied/worked in any unit of VBPS before Applied : Yes No
Worked: Yes No
If yes, state reason for not joining/leaving _____
10. Salary expected per month Rs. _____

11. Name, designation, address and Tel .No of two references (Not related to you)

| | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |

12. Ailment if any (Tick mark if any of these is applicable/cross if not applicable)

| | | | | | |
|----------------|--------------------------|----------|--------------------------|------------------------|--------------------------|
| Blood Pressure | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | Allergy | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | Cardiac | <input type="checkbox"/> | Any other give details | <input type="checkbox"/> |

13. If selected how much notice do you require? (State Period) _____

I hereby declare that the information furnished above is true. In case any statement is proved concealed or incorrect at any point of time, I shall be liable to such action as the management of the institution deems proper.

Date of application _____

Signature of Candidate

Withholding of any information shall lead to disciplinary action.

PART FIVE

List of enclosures: Self Attested copies of

- | | |
|---|--------------------------|
| 1. All Academic and Professional Certificates (Mark Sheet and Degrees) | <input type="checkbox"/> |
| 2. Experience and Conduct Certificate from Heads of Institutions served previously. | <input type="checkbox"/> |
| 3. Medical Certificate of fitness from Govt. CMO/Govt. Hospital | <input type="checkbox"/> |
| 4. Other Certificates in support of your claim about proficiency in Co-Curricular Activities etc. | <input type="checkbox"/> |
| 5. Two latest Passport size Photographs (one to be pasted on form and one to be attached) | <input type="checkbox"/> |

Note:- Incomplete application will not be considered

(FOR OFFICE USE)

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| • Entrance Test Marks: _____ | Call <input type="checkbox"/> | Reject <input type="checkbox"/> |
| • Preliminary Interview | Call <input type="checkbox"/> | Reject <input type="checkbox"/> |
| • Final Interview | Select <input type="checkbox"/> | Reject <input type="checkbox"/> |

Dated :

Signature of Principal