



# GAIL D.A.V. MODEL SCHOOL

(An English Medium, Co-educational, Primary School)

GAIL VIHAR, Dibiyapur, Auraiya (UP)-206244.

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## APPLICATION FORM-PRT (SCIENCE)

(To be submitted through proper channel by the employees of DAV schools)

Roll No. (To be given by Office): \_\_\_\_\_

Post applied for : \_\_\_\_\_

Name (In Capital): \_\_\_\_\_

Father's Name/Husband's Name : \_\_\_\_\_

Marital Status : \_\_\_\_\_ Sex (Male/Female): \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Age (as on 01.04.2022): - \_\_\_\_\_

Religion : \_\_\_\_\_ Category (Gen./OBC/S.C./S.T./Others): \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_  
\_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Details:-

Phone No. : \_\_\_\_\_ Mob. No. \_\_\_\_\_ E- Mail ID \_\_\_\_\_

### Educational Qualification:

Exam passed	Year	Board/University	Obtained marks	Total Marks	%age	Division	Main Subject/(s)
Matric/Secondary							
Inter/Sr. Secondary							
B.Sc.							
M.Sc.							
B. Ed.							
CTET							
STET							
Any other Qualification							

Contd...2..

**Teaching Experience:**

Name of the Institution with Address	Affiliating Board with Affiliation no.	Post held	Period		Total Years & Months	Class & Subject taught	Salary/Pay scale	Reason for leaving job
			From	To				

Any other information related to the post applied for: \_\_\_\_\_

Publication if any, to your credit : \_\_\_\_\_

(May attach separate sheet if required) \_\_\_\_\_

**Experience of attending in-service Programmes as participant/ Resource Person:**

Particulars of the programme such as Seminars, Workshops etc.	In capacity of	Period		Organised by	Remarks if any
		From	To		

**Details of last drawn salary:**

Name of Instt./Organization	Month	Pay Scale	Basic	Allowance	Gross Salary

Computer Proficiency (in Brief): \_\_\_\_\_

Other interests (Physical/Co-curricular/Social, etc with achievements, if any):

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

Notice period required if selected: \_\_\_\_\_

*I hereby declare that the information given above is true to the best of my knowledge and belief. At the time of verification, if any of the above information is found to be false/incorrect, candidature may be rejected.*

Date & Place : \_\_\_\_\_

Signature of the candidate

(For Office Use Only)

Checked By:  
Name & Signature

Verified By:  
Name & Signature: