



GAIL D.A.V. MODEL SCHOOL

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

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

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Website: www.gaildavdibiyapur.org

APPLICATION FORM FOR TEACHING POST

(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 01.04.2024): - _____

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.A./B.Sc.							
M.A./ M.Sc.							
B. Ed.							
N.T.T.							
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: