| lo | ••••• | APPLICATIO | ON FORM | Bal Bharat PUBLIC SCHOO SSTEP, MPPGCL KHANDWA I FOR TEAC | Ĩ | <u>STAFF</u> | Affix your passport size photograph |
|-----|-----------|---------------------|--------------|---|-----------|--------------|---|
| | | S | ESSION: | 2020 | | | here. |
| | | Post applied | d for: | | | | |
| | | (To be fi | illed in ca | ndidate's han | dwritin | g) | |
| | | | <u>SEC</u> | CTION-A | | | |
| 1. | Name M | Ir./Mrs./Ms.: | | | | | |
| 2. | Date of I | birth : | | Pre | esent Age | 2: | |
| 3. | National | lity : | | | | | |
| 4. | Marital S | Status : | | | | | |
| 5. | Number | of children and the | eir details: | | | | |
| | S.NO. | NAME | GENDER | DATE OF BIRTH AND AGE | CLASS | SCHOOL/ | COLLEGE |
| | | | | | | | |
| | | | | | | | |
| 6. | Father/S | Spouse Name: | | | | | |
| 7. | Occupat | ion of father/spous | e: | | | | |
| 8. | Home A | ddress for correspo | ndence: _ | | | | |
| 9. | | ne/mobile number: | | | | | |
| 10. | Email Id: | : | | | | | |
| 11. | Permane | ent Address: | | | | | |
| | | | | | | | |

12. Any major ailments/health concerns. If yes, please give details:

13. Academic Qualifications

| | YEAR OF | | SCHOOL/BOARD/ | MARKS | MEDIUM OF | МС | DDE |
|---------------------|---------|----------|------------------------|-------|-------------|---------|----------|
| EXAMINATION | PASSING | SUBJECTS | COLLEGE/ UNIVERSITY | (%) | INSTRUCTION | REGULAR | DISTANCE |
| Secondary | | | | | | | |
| Sr. Secondary | | | | | | | |
| Graduation | | | | | | | |
| Post- Graduation | | | | | | | |
| Any Other | | | | | | | |

14. Professional Qualification

| | YEAR OF | SUBJECTS | COLLEGE/ | MARKS | MEDIUM OF | МС | DDE |
|---------------|---------|----------|------------|-----------------|-----------|---------|----------|
| QUALIFICATION | PASSING | SUBJECTS | UNIVERSITY | (%) INSTRUCTION | | REGULAR | DISTANCE |
| NTT | | | | | | | |
| B.Ed. | | | | | | | |
| M.Ed. | | | | | | | |
| Any other | | | | | | | |

15. **CTET Qualification:** Please provide the relevant information (applicable for post of PRT and TGT)

| | CTET PAPER | YEAR OF PASSING | MARKS (%) |
|-----|--|------------------|-----------|
| Pap | per 1 | | |
| Рар | per 2 | | |
| 16. | Knowledge of foreign language if any: | | |
| 17. | Names of two books recently read with name of | authors: | |
| 18. | Computer Proficiency: tick the applicable boxes. | | |
| | MS Excel MS Word MS Power Point MS Publisher MS Team/Zoom/Google Meet Any Other | | |
| 19. | Please mention the strategies you will utilize if g | iven a Class of: | |
| a.) | Students with special learning needs: | | |
| | | | |
| b.) | Exceptionally gifted students: | | |
| | | | |
| | | | |
| | | | |

20. Please state your views on "Technology a boon for the new age educator".

21. Details of Awards/Citations/Appreciation Certificates/scholarships received, if any:

| DETAILS OF AWARD/FELICITATION | AGENCY | YEAR | DETAILS (AREA OF WORK) |
|----------------------------------|--------|------|---------------------------|
| | | | |
| | | | |
| | | | |

22. Co-curricular activities (Photography, Dramatics, Animation, Music, Dance etc.) in which you can train students / Any other activity:

23. Literary activities (Debate, Creative writing, Newsletters, Quiz, Newsletter, School Magazine, Event Compering) in which you can guide students:

24. Details of participation in sports activities and the level (School/College/Zonal/Inter Zonal/State/National):

- 25. Public speaking exposure or if you managed any responsibility earlier that required public speaking:
- 26. Details of participation in Clubs/Committees/Associations/Organizations/ cultural activities/literary activities and the level (School/ college/ zonal/ state/ national):

| ACTIVITY | ORGANIZED BY | YEAR | ACHIEVEMENT |
|----------|--------------|------|-------------|
| | | | |
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| | | | |

- 27. Details of any event/exchange program that you initiated/organized/ managed:
- 28. Details of books/research papers/magazine articles/ blogs/ e-publications authored by you:
- 29. Any action research conducted and documented:
- 30. The exact period after which you can join, if selected:
- 31. Mention any course you are pursuing at present. Will you require any leave on this account?

| 32. | Please give details of two references (other than relatives) from the field of education: | | | | | |
|-----|---|---|--|--|--|--|
| | A.) Name: | Designation: | | | | |
| | Phone: | Email id: | | | | |
| | Official address: | | | | | |
| | B.) Name: | Designation: | | | | |
| | Phone: | Email id: | | | | |
| | Official Address: | | | | | |
| 33. | Are you a parent with us? If yes, p | lease give details: | | | | |
| | | | | | | |
| | | | | | | |
| 34. | Are you an alumnus of the school | ? | | | | |
| | (Full Signature of the Applicant): | | | | | |
| 35. | Details of teaching experience (To | be filled by applicants with teaching experience) : | | | | |

| NAME OF INSTITUTION WITH ADDRESS | NO. OF YEARS AND MONTHS, FROM TO | DESIGNATION AND BRIEF DESCRIPTION OF DUTIES HELD | CLASSES & SUBJECT TAUGHT | WHETHER PERMANENT/ TEMPORARY | TOTAL EMOLUMENTS DRAWN/GRADE | REASON FOR LEAVING |
|--|---|---|--------------------------------|------------------------------------|------------------------------------|-----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

36. Continuous Professional Development: Mention courses from Government recognized institutions/agencies (NCERT, SCERT, CBSE, DIKSHA British Council etc.) or other MOOC courses.

37. Details of any COE Webinar conducted as a resource person (attach the certificates):

- 38. Details of administrative experience/extra responsibilities shouldered by you besides teaching:
- 39. Details of educational tours/study visits organized by you:

(Full Signature of the Applicant): _____

<u>SECTION-B</u> (Medical History)

| Have you been treated for any major ailment in last 05 years? | |
|---|---------|
| | |
| Have you suffered from acute depression and remain under treatment of Psychologist? | f |
| Your Blood Pressure : Normal / High / Low | |
| Your Sugar Level : Normal / High / Low | |
| Medical Certificate from a qualified medical practitioner certifying that y medically fit to undertake a full-time job. | ou are |
| Please attach a self-attested certificate stating that no case or complai lodged against you under POCSO Act/Corporal Punishment/Abuse. (Cop | |
| Any legal case against you in Court? Yes / No | |
| Any Criminal Case against you? Yes / No | |
| Please attach copies of relevant documents (mark sheets, experience training certificates, citations etc.) | certifi |

Declaration:

I hereby certify that all statements made, and information given by me in this application form are true, complete, and correct to the best of my knowledge and belief. In the event of any information or part of it being found false or incorrect before or after the interview or appointment, action can be taken against me by the school and my candidature/ appointment shall automatically stand cancelled/ terminated.

Place: _____

Date: _____

TO WHOMSOEVER IT MAY CONCERN

I______, certify that no case or complaint has been lodged against me under POCSO Act/Corporal Punishment/Abuse.

| Name | : |
|------|---|
| | |

| Sign | : |
|-------|---|
| יימיט | • |
| 0 | |

Date :_____