



**BR MEMORIAL CENTRAL SCHOOL**  
**Affiliated to CBSE ,New Delhi**  
**Affiliation No:930699**

**APPLICATION FORM FOR TEACHING STAFF RECRUITMENT**

[This information will be kept confidential and will be used only for official purposes]

Full Name: \_\_\_\_\_

Date of Birth ( as on ID /Passport): \_\_\_\_\_

Religion & Caste: \_\_\_\_\_

Marital Status: \_\_\_\_\_

*Permanent address:*

*Present address:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. Academic background**

Course / Level	School/Board/ University	Medium	Subjects studied Main&Subsidiary	Final Grade/Percentage

**II. Professional Degrees: ( B.Ed., M.Phil Edn, Dip in Tch, Cert. in teaching etc)**

Course/ Level	School/Board/ University	Medium	Subjects studied Main&Subsidiary	Final Grade/Percentage

**III. Professional Seminars, Workshops and Meetings attended:**

Workshop on	Conducted by	Duration

**IV. Professional Experiences: (Starting from the most recent) \***

Organisation & address:	Designation	Duration From-till	Reason for leaving

*\*Experienced certificates should be attached*

Total number of years in teaching profession: \_\_\_\_\_

## **V.Extra and Co-curricular activities information:**

1. Are you a certified leader of Scout / Guide / cub scout? YES / NO

If yes, please specify \_\_\_\_\_

2. Are you a cadet leader ? YES / NO

3. Do you have involvement in music activities? If yes, please specify.

4. Do you have any training in sports activities? If yes, please specify

5. What were your co-curricular achievements during school / college days?

6. Is there any area other than your specialized subject in which you can help our students to develop their abilities? YES / NO. If yes, please specify.

7. Do you have an experience in any of the following areas ? If yes please specify.

### **Organizing and conducting:**

Staff meeting YES / NO \_\_\_\_\_

Parents meeting YES / NO \_\_\_\_\_

Alumini associations YES / NO \_\_\_\_\_

Prefect board activities YES / NO \_\_\_\_\_

Club activities YES / NO \_\_\_\_\_

Library YES / NO \_\_\_\_\_

Competitions and tournaments YES / NO \_\_\_\_\_

Music program YES / NO \_\_\_\_\_

Literary activities YES / NO \_\_\_\_\_

Medical camp YES / NO \_\_\_\_\_

Scout camp YES / NO \_\_\_\_\_

Cadet camp	YES / NO	_____
First Aid program	YES / NO	_____
School magazine	YES / NO	_____
Framing Time table	YES / NO	_____
Picnics / tours / excursions	YES / NO	_____

**Health:**

Do you have any health problem which needs frequent medical assistance? If so please specify

\_\_\_\_\_  
\_\_\_\_\_

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

**Quick contact**

Mobile No: 1) \_\_\_\_\_ 2) \_\_\_\_\_

E-Mail ID: \_\_\_\_\_

*I hereby acknowledge that the information provided by me is true and correct.*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_