



# DELHI WORLD PUBLIC SCHOOL MORBI

(Under the aegis of Delhi World Foundation)



B/H BAA NI VADI, VIRPAR, MORBI, GUJARAT – 363 641

MO.: +91-75730 75065

## **TEACHER RECRUITMENT FORM**

- The candidates are requested to take the print out of this Recruitment Form. Fill all the details in BLOCK letters and send it by Post with all enclosures at below mentioned Address.

To,

The Principal

Delhi World Public School

501 City Heights, 10 Shakti Plot,

Opp. Jain Khaman House, Shanala Road,

Morbi, Gujarat – 363 641

- Candidates can also send the attested Scanned copy of Recruitment Form with enclosures by mail.

E-mail: [info@dwpsmorbi.com](mailto:info@dwpsmorbi.com)

- Attach attested copies of Updated CV, Mark sheets, Certificates, Testimonials and ID Proof.

# TEACHER APPLICATION FORM

CANDIDATE'S PHOTOGRAPH

DATE \_\_\_\_\_

DD / MM / YYYY

POST APPLIED FOR \_\_\_\_\_

CLASSES TAUGHT \_\_\_\_\_

SUBJECTS / SPECIALIZATION \_\_\_\_\_

1. FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

2. ADDRESS FOR COMMUNICATION \_\_\_\_\_

TEL NO. (R) \_\_\_\_\_

E-MAIL \_\_\_\_\_ MOBILE \_\_\_\_\_

SKYPE ID \_\_\_\_\_

3. DATE OF BIRTH (DD / MM/ YY) \_\_\_\_\_ 4. AGE \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

5. NATIONALITY \_\_\_\_\_ 6. RELIGION \_\_\_\_\_

7. MARITAL STATUS \_\_\_\_\_

8. FATHER  HUSBAND

(I) FATHER'S / HUSBAND'S NAME \_\_\_\_\_

(II) ORGANISATION \_\_\_\_\_

(III) DESIGNATION \_\_\_\_\_

(IV) OFFICE ADDRESS \_\_\_\_\_

(V) TEL. NO. (O) \_\_\_\_\_ (VI) MOBILE \_\_\_\_\_

(VII) IS THE FATHER'S/HUSBAND'S JOB TRANSFERABLE? YES  NO

IF YES, PLEASE MENTION THE NUMBER OF YEARS OF STAY IN DELHI. \_\_\_ - \_\_\_ YEARS

9. NUMBER OF CHILDREN

AGE	GENDER	SCHOOL / COLLEGE / COMPANY	CLASS / DESIGNATION

10. HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE? YES  NO

11. PRESENT / LAST EMPLOYMENT

NAME AND ADDRESS OF SCHOOL / ORGANISATION \_\_\_\_\_

IF SCHOOL, SPECIFY NO. OF: (A) TEACHERS \_\_\_\_\_ (B) STUDENTS \_\_\_\_\_

DATE OF JOINING \_\_\_\_\_ DESIGNATION ON JOINING \_\_\_\_\_

PRESENT POST \_\_\_\_\_ DATE APPOINTED TO PRESENT POST \_\_\_\_\_

12. ACADEMIC QUALIFICATIONS

EXAM PASSED	SUBJECTS	YEAR	MEDIUM	DIVISION	PERCENTAGE	SCHOOL/ COLLEGE & PLACE	BOARD/ UNIV.	MODE OF STUDY

13. TEACHING EXPERIENCE (INCLUDING YOUR PRESENT APPOINTMENT AND WORKING BACKWARD)

NAME OF THE SCHOOL (WITH PLACE)	AFFILIATED TO (C.B.S.E. / I.C.S.E./ OTHER)	POST HELD	CLASSES TAUGHT	SUBJECTS TAUGHT	PERIOD			SALARY DRAWN	REASON FOR CHANGE
					FROM MM/YY	TO MM/YY	TOTAL		

TOTAL TEACHING EXPERIENCE \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

14. PRESENT / LAST JOB'S RESPONSIBILITIES (IN BRIEF)

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15. GIVE DETAILS OF SEMINARS/WORKSHOPS ATTENDED BY YOU IN THE LAST 3 YEARS.

COURSE TITLE	ORGANISATION / INSTITUTION	DATE (DD/MM/YY)

16. GIVE DETAILS OF YOUR ADMINISTRATIVE EXPERIENCE OR ANY RESPONSIBILITY / DUTY EXECUTED AS INCHARGE

SCHOOL/COLLEGE	POST	TEAM/SOCIETY	FROM (MM/YY)	TO (MM/YY)	ACHIEVEMENT

17. LANGUAGES KNOWN

SPEAK, READ & WRITE	FLUENCY ENOUGH TO TEACH	SPEAK ONLY	UNDERSTAND ONLY

18. PLEASE MARK THE ACTIVITIES IN WHICH YOU CAN TRAIN STUDENTS

**EXTRA CURRICULAR**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> GARDENING          | <input type="checkbox"/> BOOK KEEPING        | <input type="checkbox"/> WOOD-CRAFT       |
| <input type="checkbox"/> CLAY-MODELLING     | <input type="checkbox"/> PHOTOGRAPHY         | <input type="checkbox"/> HOME SCIENCE     |
| <input type="checkbox"/> BATIK              | <input type="checkbox"/> TIE AND DYE POTTERY | <input type="checkbox"/> ELECTRONICS      |
| <input type="checkbox"/> COMMERCIAL ART     | <input type="checkbox"/> PAINTING            | <input type="checkbox"/> YOGA             |
| <input type="checkbox"/> EMBROIDERY         | <input type="checkbox"/> COMPUTER SCIENCE    | <input type="checkbox"/> SCHOOL BAND      |
| <input type="checkbox"/> NURSING            | <input type="checkbox"/> HANDICRAFTS         | <input type="checkbox"/> FIRST AID        |
| <input type="checkbox"/> N.C.C.             | <input type="checkbox"/> SCOUTS & GUIDES     | <input type="checkbox"/> MACRAME          |
| <input type="checkbox"/> AERO-MODELLING     | <input type="checkbox"/> DANCE               | <input type="checkbox"/> VOCAL MUSIC      |
| <input type="checkbox"/> INSTRUMENTAL MUSIC | <input type="checkbox"/> GRAPHIC DESIGNING   | <input type="checkbox"/> ART AND CRAFT    |
| <b>LITERARY</b>                             | <input type="checkbox"/> RECITATION          | <input type="checkbox"/> DEBATES          |
| <input type="checkbox"/> QUIZ               | <input type="checkbox"/> ELOCUTION           | <input type="checkbox"/> CREATIVE WRITING |
| <input type="checkbox"/> DECLAMATION        | <input type="checkbox"/> NEWSLETTER          | <input type="checkbox"/> COMPERING.       |
| <input type="checkbox"/> SCHOOL MAGAZINE    |  |   |

ANY OTHER \_\_\_\_\_

HAVE YOU WON ANY CERTIFICATES / TAKEN TRAINING IN ABOVE ACTIVITIES? GIVE DETAILS

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19. DETAILS OF ANY PAPER / ARTICLE / BOOK PUBLISHED

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20. NAMES OF THE GAMES WHICH YOU CAN PLAY REGULARLY \_\_\_\_\_

WILL YOU BE ABLE TO PLAY THESE GAMES REGULARLY, IF REQUIRED TO DO SO? YES  NO

21. ANY SPECIAL DISTINCTION ACHIEVED ( SCHOOL / COLLEGE / ZONAL / STATE / NATIONAL LEVEL )

\_\_\_\_\_

22. PROFICIENCY IN COMPUTER APPLICATION / SOFTWARE \_\_\_\_\_

FURNISH DETAILS OF ANY COURSE ATTENDED \_\_\_\_\_

\_\_\_\_\_

23. GIVE TWO PROFESSIONAL REFERENCES (NOT RELATIVES) FROM WHOM CONFIDENTIAL REPORTS ABOUT YOUR WORK, CHARACTER, AND PERSONALITY MAY BE OBTAINED. AT LEAST ONE OF THEM MUST BE H.O.D. / HEAD OF INSTITUTION IN WHICH YOU HAVE WORKED.

NAME	DESIGNATION	INSTITUTION	ADDRESS	TEL. NO.	E-MAIL

24. STATE YOUR SALARY EXPECTATION FOR THE POST APPLIED FOR RS. \_\_\_\_\_

25. IF SELECTED, STATE THE EXACT PERIOD AFTER WHICH YOU CAN JOIN \_\_\_\_\_

26. IF SELECTED, HOW DO YOU PROPOSE TO CONTRIBUTE TO THE SCHOOL'S GROWTH AND EXCELLENCE?

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

**DECLARATION**

I HEREBY CERTIFY THAT THE PARTICULARS FURNISHED ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE NOT CONCEALED ANY INFORMATION LIKELY TO IMPAIR MY FITNESS FOR EMPLOYMENT. IF IT IS REVEALED LATER THAT I HAVE GIVEN FALSE DETAILS OR CONCEALED INFORMATION, MY SERVICES SHALL BE LIABLE TO TERMINATION WITHOUT ANY NOTICE OR COMPENSATION.

IF SELECTED, I SHALL PRODUCE:-

- (a) MEDICAL CERTIFICATE FROM RECOGNISED MEDICAL PRACTITIONER AND
- (b) EXPERIENCE CERTIFICATE FROM MY LAST EMPLOYER.

DATE

PLACE

SIGNATURE OF APPLICANT

**FOR OFFICE USE ONLY:**

CALL FOR INTERVIEW: \_\_\_\_\_

CHECKING OF CERTIFICATES ( TO BE TICK MARKED)

CERTIFICATE	CHECKED	REMARKS
ID PROOF (DOB & ADDRESS)	<input type="checkbox"/>	_____
SECONDARY	<input type="checkbox"/>	_____
SR. SECONDARY	<input type="checkbox"/>	_____
GRADUATION	<input type="checkbox"/>	_____
B. ED.	<input type="checkbox"/>	_____
POST GRADUATION	<input type="checkbox"/>	_____
EXP. CERTIFICATES	<input type="checkbox"/>	_____



## PERSONAL FITNESS FORM

TO BE FILLED AND SIGNED BY THE APPLICANT AND SUBMITTED WITH THE APPLICATION FORM. IF SELECTED FOR THE POST, THEN APPLICANT NEEDS TO SUBMIT MEDICAL CERTIFICATE FROM A RECOGNISED MEDICAL PRACTITIONER.

1. NAME \_\_\_\_\_  
                                LAST  FIRST  MIDDLE
  
2. HEIGHT \_\_\_\_\_ CMS
  
3. WEIGHT \_\_\_\_\_ KGS
  
4. VISION  
    LEFT EYE \_\_\_\_\_ RIGHT EYE \_\_\_\_\_
  
5. HEARING  
    LEFT EAR \_\_\_\_\_ RIGHT EAR \_\_\_\_\_
  
6. BLOOD PRESSURE \_\_\_\_\_ ON DATE \_\_\_\_\_
  
7. DO YOU HAVE DIABETES?      YES       NO
  
8. PERSONAL IDENTIFICATION 1 \_\_\_\_\_  
    PERSONAL IDENTIFICATION 2 \_\_\_\_\_
  
9. MAJOR ILLNESS(ES) IN THE PAST OR PRESENT, IF ANY  
\_\_\_\_\_  
\_\_\_\_\_

### DECLARATION

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DATE

PLACE

SIGNATURE OF APPLICANT