



R. D. RAJPAL SCHOOL

SECTOR – 9, DWARKA, NEW DELHI – 110077

TEACHER APPLICATION FORM

"ASATO MA SADGAMAYA
TAMASO MA JYOTIRGAMAYA
MRITYORMA AMRITAM GAMAYA"

LEAD ME FROM THE ASAT TO THE SAT.
LEAD ME FROM DARKNESS TO LIGHT.
LEAD ME FROM DEATH TO IMMORTALITY.
(BRHADARANYAKA UPANISHAD — I.III.28)

THIS PRAYER PROCLAIMS THE SEEKER'S ADMISSION OF HIS SENSE OF LIMITEDNESS. IT IS NOT A PRAYER FOR THE THINGS OF THE WORLD - FOOD, SHELTER, HEALTH, PARTNERSHIP, RICHES, SUCCESS, FAME, GLORY OR EVEN FOR HEAVEN. ONE WHO RECITES THESE THREE MANTRAS HAS REALIZED THAT SUCH THINGS ARE FULL OF HOLES, AND EVEN IN ABUNDANCE, WILL FOREVER LEAVE HIM WANTING. THE ESSENCE OF EACH OF THESE THREE MANTRAS IS THE SAME:

"O, GURU, HELP ME FREE MYSELF FROM MY SUNDRY MISUNDERSTANDINGS REGARDING MYSELF, THE UNIVERSE AND GOD AND BLESS ME WITH TRUE KNOWLEDGE."

- N.B. :
1. TO BE TYPED IN BLOCK LETTERS.
 2. PLEASE ATTACH DULY ATTESTED COPIES OF MARK SHEETS, CERTIFICATES, TESTIMONIALS AND ONE ID PROOF.
 3. PLEASE ANSWER ALL QUESTIONS COMPLETELY.
 4. PRESS "CTRL + S" KEYS TOGETHER TO SAVE FILLED FORM. PRESS "CTRL + P" TO PRINT THE FORM. PLEASE DON'T PRINT THIS COVER PAGE.
 5. PRESS TAB KEY TO MOVE TO NEXT ENTRY WHILE FILLING THE FORM.
 6. IF NECESSARY, PLEASE ATTACH A SEPARATE SHEET AND ADD ANY ADDITIONAL INFORMATION WHICH MAY BE RELEVANT.
 7. PLEASE SEND FILLED FORM TO: "THE PRINCIPAL, R. D. RAJPAL SCHOOL, SECTOR-9, DWARKA, NEW DELHI - 110077"

TEACHER APPLICATION FORM

RECENT
PHOTOGRAPH TO
BE PASTED HERE

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 _____

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 _____

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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

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

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

GARDENING
CLAY-MODELLING
BATIK
COMMERCIAL ART
EMBROIDERY
NURSING
N.C.C.
AERO-MODELLING
INSTRUMENTAL MUSIC

BOOK KEEPING
PHOTOGRAPHY
TIE AND DYE POTTERY
PAINTING
COMPUTER SCIENCE
HANDICRAFTS
SCOUTS & GUIDES
DANCE
GRAPHIC DESIGNING

WOOD-CRAFT
HOME SCIENCE
ELECTRONICS
YOGA
SCHOOL BAND
FIRST AID
MACRAME
VOCAL MUSIC
ART AND CRAFT

LITERARY

QUIZ
DECLAMATION
SCHOOL MAGAZINE

RECITATION
ELOCUTION
NEWSLETTER

DEBATES
CREATIVE WRITING
COMPERING.

ANY OTHER _____

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

19. DETAILS OF ANY PAPER / ARTICLE / BOOK PUBLISHED

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)

SECONDARY

SR. SECONDARY

GRADUATION

B. ED.

POST GRADUATION

EXP. CERTIFICATES

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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

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