

MAYOOR SCHOOL BHOPAL

PERSONAL DATA FORM

RECENT PHOTOGRAPH

POST APPLIED FOR	IF RESPONDING TO AN ADVERTISEMENT, NAME OF MEDIA DATE	
FULL NAME IN BLOCK LETTERS		
PRESENT ADDRESS		TELEPHONE NUMBERS:
		RES:
		OFF:
		MOBILE:
PERMANENT ADDRESS		E-MAIL:

N.B

1. ATTESTED COPIES OF CERTIFICATES AND TESTIMONIALS WILL BE REQUIRED TO BE SUBMITTED LATER.
2. ON A SEPARATE SHEET, PLEASE GIVE FULL DETAILS OF THE SCOPE OF WORK UNDER EACH EMPLOYER AS SHOWN UNDER THE HEAD "EMPLOYMENT RECORD" ON PAGE 3.

PERSONAL PARTICULARS

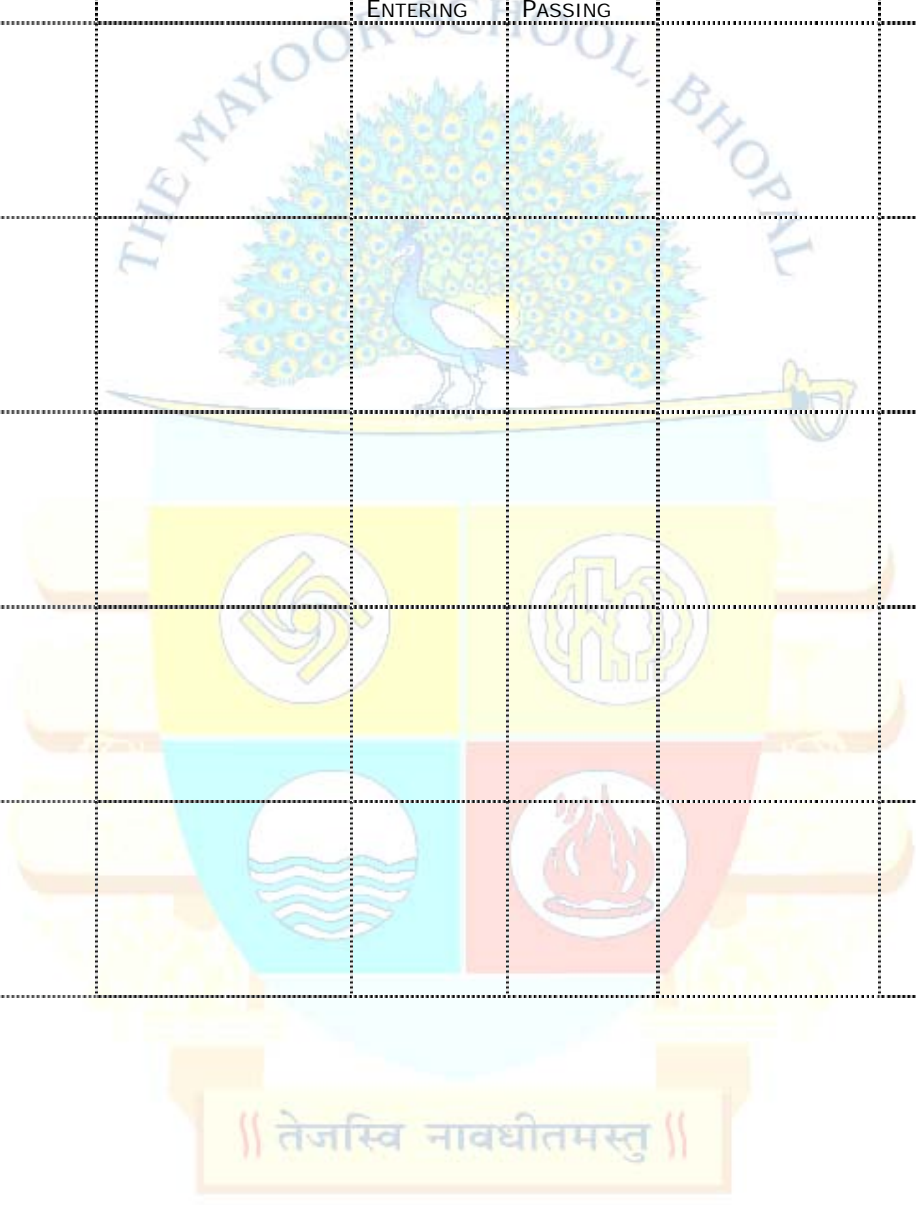
FULL NAME (IN BLOCK LETTERS)		MOTHER'S NAME		FATHER'S NAME			
DATE OF BIRTH (DD/MM/YYYY)			PLACE OF BIRTH				
MARITAL STATUS		SPOUSE NAME		NAME AND ADDRESS OF ORGANIZATION OF SPOUSE, IF EMPLOYED:			
NATIONALITY		DISABILITY IF ANY					
LANGUAGES KNOWN		SPEAK:		READ:		WRITE:	

DETAILS OF CHILDREN

NAME				
DATE OF BIRTH				

EDUCATIONAL HISTORY (STARTING FROM SCHOOL)

NAME AND ADDRESS OF HIGH SCHOOL/COLLEGE	BOARD/UNIVERSITY TO WHICH AFFILIATED	YEAR OF		DEGREE/DIPLOMA	SUBJECTS	% MARKS & DIV.
		ENTERING	PASSING			



***PLEASE ATTACH A SEPARATE SHEET OF PAPER FOR FURTHER DETAILS**

PARTICULARS OF ANY PRACTICAL TRAINING UNDERTAKEN	PERIOD OF TRAINING	
	FROM	TO

ONE WEAKNESS:

ONE STRENGTH:

BESIDES YOUR PROFESSIONAL CONTRIBUTION, WHAT OTHER VALUE CAN YOU ADD TO THIS INSTITUTION

Blank lined area for writing the answer to the question above.

EXTRA CURRICULAR ACTIVITIES

Blank lined area for writing about extra-curricular activities.

COMPUTER KNOWLEDGE	OPERATING SYSTEMS	SOFTWARE

REMUNERATION PARTICULARS (PRESENT EMPLOYMENT)

PARTICULARS	AMOUNT	PARTICULARS	AMOUNT
PAY SCALE		L.T.C.	
BASIC PAY		MEDICAL	
DEARNESS PAY		GRATUITY	
D.A.		PENSION	
HOUSE RENT ALLOWANCE		OTHER (PL. SPECIFY)	
CONVEYANCE ALLOWANCE		TOTAL GROSS	
P.F. CONTRIBUTION		TOTAL TAKE HOME	

REFERENCES

PLEASE GIVE THE NAMES OF TWO INDIVIDUALS WHO CAN COMMENT ON YOUR PERFORMANCE, PREFERABLY PREVIOUS EMPLOYERS:

NAME & DESIGNATION	ADDRESS	TELEPHONE NUMBER(S) & EMAIL
		OFFICE: RES: EMAIL:
		OFFICE: RES: EMAIL:

CAN A REFERENCE BE MADE TO YOUR EMPLOYERS?

Yes/No

HAVE YOU ANY RELATIVES IN THIS ORGANISATION? IF YES

NAME	POSITION	SITE	RELATIONSHIP

EXPECTED SALARY

Rs

HOW MUCH NOTICE DO YOU NEED TO GIVE TO YOUR PRESENT EMPLOYER?

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DECLARATION

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM NOT AWARE OF ANY CIRCUMSTANCES THAT MAY IMPAIR MY FITNESS FOR EMPLOYMENT. IF I AM AT ANY TIME FOUND TO HAVE CONCEALED ANY MATERIAL OR INFORMATION OR GIVEN ANY FALSE DETAILS, MY APPOINTMENT SHALL BE LIABLE TO IMMEDIATE TERMINATION WITHOUT NOTICE OR COMPENSATION.

DATE..... PLACE SIGNATURE

