

PUNJAB WAQF BOARD- TEACHER APPLICATION FORM



DATE _____
DD / MM / YYYY

POST APPLIED FOR _____

SCHOOL _____

SUBJECTS / SPECIALIZATION _____

1. FIRST NAME MIDDLE NAME LAST NAME

2. FATHER'S / HUSBAND'S NAME

3. PERMANENT ADDRESS

4. ADDRESS FOR COMMUNICATION

TEL NO. (R) _____

E-MAIL _____ MOBILE _____

5. DATE OF BIRTH (DD / MM/ YY) _____ 4. AGE _____ YEARS _____ MONTHS

5. NATIONALITY _____ 6. RELIGION _____

7. MARITAL STATUS _____

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

9. 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 _____

10. DETAILS OF ANY PAPER / ARTICLE / BOOK PUBLISHED

11. PROFICIENCY IN COMPUTER APPLICATION / SOFTWARE _____
FURNISH DETAILS OF ANY COURSE ATTENDED _____

12. ACADEMIC QUALIFICATIONS

EXAM PASSED	SUBJECTS	YEAR	MEDIUM	DIVISION	PERCENTAGE	SCHOOL/ COLLEGE & PLACE	BOARD/ UNIV.	MODE OF STUDY
SECONDAR								REGULAR
SR. SEC.								REGULAR
-								-
-								-
-			-					-
-			-					-

13. TEACHING EXPERIENCE (INCLUDING YOUR PRESENT APPOINTMENT)

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)

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 |

LITERARY

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> QUIZ | <input type="checkbox"/> RECITATION | <input type="checkbox"/> DEBATES |
| <input type="checkbox"/> DECLAMATION | <input type="checkbox"/> ELOCUTION | <input type="checkbox"/> CREATIVE WRITING |
| <input type="checkbox"/> SCHOOL MAGAZINE | <input type="checkbox"/> NEWSLETTER | <input type="checkbox"/> COMPERING. |

ANY OTHER _____

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

19. 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

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

21. 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.

I SHALL PRODUCE:-

- (a) MEDICAL CERTIFICATE, IF SELECTED AND
- (b) ALL DOCUMENTS INCLUDING EXPERIENCE CERTIFICATE IN ORIGINAL AT TIME OF INTERVIEW

DATE

PLACE

SIGNATURE OF APPLICANT

Note: Attach the following documents

- ✓ **DOB/Matriculation certificate**
- ✓ **Mark sheet of class 12, Graduation, PG, B.Ed, Diploma and other qualifications.**
- ✓ **Experience certificates.**

FOR OFFICE USE ONLY:

CHECKING OF CERTIFICATES (TO BE TICK MARKED)

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