

**KERALA EDUCATION SOCIETY SENIOR SECONDARY SCHOOL,
SECTOR-8, R.K.PURAM, NEW DELHI-110022
(Govt. Aided, Linguistic Minority School under NCT of Delhi)
PH. No. 26100293, 26178591**

Recent Passport size
photograph of the
candidate

Application for the post of : _____

(Please fill all the details in block letters)

1. Name : _____

2. Gender : _____

3. Father's/ Husband's Name : _____

4. Date of Birth : _____

(in words) _____

5. Nationality : _____

6. Mailing Address : _____

7. Permanent Residential Address : _____

8. Mobile No. & e-mail ID : _____

9. EDUCATIONAL QUALIFICATION:

(Please submit self attested photocopies of Degree/certificates with mark sheets of each mentioned below):

S.No	ACADEMIC	BOARD/UNIVERSITY	MAX. MARKS	TOTAL MARKS OBTAINED	SUBJECTS	% OF MARKS
(i)	10 TH					
(ii)	12 TH					
(iii)	B.A./B.Sc./ B.Com./ B.P.Ed.					
(iv)	M.A./M.Sc./ M.Com./ M.P.Ed.					
(v)	M Phil./PhD					
(vi)	B.Ed./ETE/JBT/ B.El.Ed. or equivalent					
(vii)	C.T.E.T. – Level 1/ Level 2					

If applying for the post of LDC, mention the typing speed : _____

10. Whether Person with Disability: Yes / No

If yes,

(a) Type of disability : _____

(b) Percentage of disability : _____

(c) Medical certificate obtained from : _____
(self attested photocopies to be attached)

11. Proficiency in Malayalam :

Speaking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reading	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Writing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. EXPERIENCE CERTIFICATE OF PREVIOUS EMPLOYMENT: (Along with photocopies of the same)

- i. Weightage to teaching experience for short listing & selection will be given only to the certificates mentioning the Pay Scale, post held and counter signed by the Education Officer concerned.
- ii. If employed in any institute, NOC from the employer is required.

S.No.	Name of the employer	Address/Phone No.	Post held & tenure

Certified that the above particulars are true to the best of my knowledge and I bear full responsibility for mistakes detected at any stage.

Date : _____

Signature of the Applicant

Place : _____