



# DELHI CITY SCHOOL

*EDUCATE.EMPOWER.ENLIGHTEN*

(Sr.Sec, Affiliated To C.B.S.E.)C-8, MADHUBAN CHOWK, SECTOR-8, ROHINI, DELHI-110085

Contact: 011-27941390-91/ 64726418 .www.delhicityschool.com

**Application form for the post of \_\_\_\_\_**

**(Kindly fill the form in your own handwriting)**

Photograph

1. Name of the candidate \_\_\_\_\_
2. Gender: Male/ Female
3. Father's/Husband's Name \_\_\_\_\_
4. Date of Birth \_\_\_\_\_ Age in year \_\_\_\_\_ Months \_\_\_\_\_
5. Whether SC/ST/OBC/Physically Handicapped \_\_\_\_\_
6. Educational Qualification (in Chronological order)

S No.	Exams Passed	Board/Univ.	Subject	Year of Passing	Marks Obtained	Division

**6. Professional Qualification**

Exams	Board/Univ.	Year	Division	% of Marks	Remarks

**7. Experience**

School/College (With Place)	Whether Recognized or Unrecognized	Post Held	Service Period		Last Pay Drawn	Expected Salary
			From	To		

**8. Address for Correspondence** \_\_\_\_\_

\_\_\_\_\_

**Phone No. (Mobile)** \_\_\_\_\_ **(Landline)** \_\_\_\_\_

**CERTIFICATE**

I, \_\_\_\_\_ (Name) hereby certify that all information furnished by me is correct from my knowledge and belief. If any information is found concealed or false my candidature may be cancelled.

**Place** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Candidate**

**For office use only**

**Checked by** \_\_\_\_\_

**Remarks** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_