D.A.V. Collegiate Sen. Sec. School, Hoshiarpur Proforma for appointment if the post of Lecturer Date:							
1 Application for Ap	nointmon	too		in			
 Application for Ap Pay Scale 							
Name (in block let							
3. Father's Name(in	block lette	ers)					
4. Present postal add	dress (in b	lock letter)				
Telephone:				Pin Cod	e.		
				1 11 000			
E-mail							
a) Nationality							
b) Whether belongs to	<u>SC/ST/I</u>	<u>Ex-s</u> ervicer	men/Handic	apped (attach	n proof)		
c) Marital Status							
5. a) Date of Birth	h						
b) Age as on th	ne last dat	e for subm	uission of co	mpleted appli	cation for:		
years:	Mon			Days:]		
6. a) Educational				•]		
Examination		Year &	Marks	,	Subjects	Position in	
Examination	Univ./ Board	Month	Obtained	Percentage / Division	Subjects	Univ. &	
		of .	/ Total	,		College if	
Matric		passing	Marks			any	
10+2 /Pre.Med./	+						
Pre. Engg.							
BA /B.Sc./B.Com							
M.Com/M.A/M.Sc.							
B.Ed.							
M.Ed.							
M.Phill							
Ph.D.(with title)	1						
UGC (NET/SLET)							
Any other Exam (Please Specify)							

7. (a) Have you ever been prosecuted/sentenced by the court of Law, if so give detail?_____

(b) Have you ever dismissed from service? if so, give detail_____

8. List of previous employment in order (Starting with most recent post held.

Name & Address of	Date of Joining	Designation	Nature of	Basic Pay	Reason for
College/Institution	/Leaving		Job	P M & grade	leaving

9. Total experience (Attach Annexures for details)

10. (a) Present Basic Pay Rs._____ (b) Pay Scale Rs._____

(c) Period required for joining the post _____

11. Membership of Professional Societies ,if any:

- 12. National /International awards/Fellowships.
- 13. Paragraph of self-evaluation regarding different fields of activity relating to the Job:

14. Any other relevant information_____

15. List of Certificates & testimonials (Attested Copies)

(i)_____(iv)_____(iv)_____

(v)_____(vii)_____(viii)_____

CERTIFICATE

a) Certified that the contents given in the application form and the documents attached therewith are true and correct to the best of my knowledge.

Place: Dated:

Check List:

(Signature of the applicant)

For College Office Use Only

-												
1.	Does	the	candidate	fulfill	essential	qua	lifi	cation?			Yes	/No
-		-							-	-		

2. Does the candidate have the required minimum experience? Yes/No

- 3. Eligible/Not Eligible.
- 4. Special remarks (for Non-Eligibility)

Signature of Dealing Official