



St. Mary's Christian School

Sahibabad, Ghaziabad (UP)
Phone : 0120-2633849, 2633850

TEACHER'S APPLICATION FORM

Post Applied for _____

1. Name : _____

2. W/o / D/o / S/o : _____

3. Date of Birth : _____ Age (as on 1st April 2014) _____

4. Educational Qualification B.A./B.Sc./B.Com./M.A./M.Sc. _____

5. School Education obtained as Regular/Private/Correspondence : _____

6. Graduation / Post Graduation obtained as Regular/Private/Correspondence: _____

7. Medium of Education at B.Ed. (English/Hindi) : _____

8. Total Teaching Experience (Please mention no. of years) : _____ Months : _____

9. Details about your knowledge in computers (if any) : _____

10. Education Details :

X	XII	B.A./B.Com/B.Sc/B.Lib	M.A./M.Com/M.Sc./M.Lib	B.Ed./M.Ed.

11. Details of Teaching Experience : (Note: Kindly attach a separate sheet)

Name of School with full Address	Classes Taught	Subject Taught	Medium of Teaching	Job Term (in years)

12. Postal Address : _____

Telephone (Res) _____ Mobile : _____

Email : _____

13. Working details of your Husband/Father : _____

(Please write full address) _____

Telephone No. : _____



14. Do you have Teaching experience certificates of your previous & present employer? Yes/No : _____

15. Presently teaching at _____

(Name of the School with full Address) Telephone No.: _____

16. Mention your hobbies : _____

17. (a) Last Salary drawn : Rs. _____ (b) Expected Salary : Rs. _____

18. What would you do in your free periods in school ? (50 words)

19. (a) In what way (other than Teaching) you can be helpful to the students, school and staff? (100 words)

(b) In case you are selected by which date you will be in a position to join. (Specify date)

Date : _____

_____ Name of the Applicant (in full)



St. Mary's Christian School

Affiliated to C.B.S.E. Delhi
A-Block Shalimar Garden Ext.II, Sahibabad, GZB,
Ph. Nos. 0120 – 2633849, 2633850, 6455506, 6455507, 2631502
School Website: www.smcs.co.in, Email: Info@smcs.co.in

Dear Teachers:

Kindly fill the Working Details of Family Members:

Working Details of Family Members

S.No.	Name	Relations	Office Address & Phone No.	Designation / Profession

Note: Kindly submit your Academic Qualification Certificate, Experience Certificate by:
positively duly self attested.

If any changes in Contact Nos. or address please update in our Office records.

Signature