DAV INSTITUTIONS, UP ZONE-B

(Managed by DAV College Managing Committee, New Delhi-110055)

DAV Sr. Sec. PUBLIC SCHOOL ANPARA, ATP COLONY, SONEBHADRA, UP-231225

GUEST FACULTY APPLICATION FORM FOR TEACHING & NON-TEACHING STAFF

TO BE FILLED IN LEGIBLE HAND BY CANDIDATE ONLY

ROLL NO.: DAV/CBT/JAN26/..... (OPTIONAL)

PASTE LATEST COLOURED PHOTOGRAPH

POST APPLIED FOR.....SUBJECT:.....

Already Worked with DAV (Yes/No) .....NAME OF BRANCH.....

1. NAME: .....
2. DATE OF BIRTH: ...../...../.....
3. GENDER: ..... AGE AS ON 01.04.2026..... YEARS
4. MARITAL STATUS..... 5. NATIONALITY.....
6. RELIGION..... CATEGORY: (SC/ST/OBC/GEN) .....
7. FATHER'S NAME: .....
8. MOTHER'S NAME.....
9. NAME OF SPOUSE (IF MARRIED) .....
10. EDUCATIONAL QUALIFICATION(S):

SR NO	QUALIFICATION /EXAMINATION	BOARD/UNIVERSITY	RECOGINIZED YES/ NO	PASSING YEAR	DIVISION & %	SUBJECT (S)
01.	SECONDARY					
02.	HIGHER SECONDARY					
03.	GRADUATION					
04.	POST GRADUATION					
05.	ANY OTHER					

11. PROFESSIONAL QUALIFICATION(S):

SR NO	QUALIFICATION	BOARD/UNIVERSITY / INSTITUTE	RECOGINIZED YES/ NO	PASSING YEAR	SUBJECT	DIVISION
01.	B.ED.					
02.	M.ED					
03.	CTET					
04.	STET					
05.	ANY OTHER					
06.						

DATE:..... PLACE..... SIGNATURE OF CANDIDATE

11. DIGITAL LITERACY (IN SHORT) .....

12. EXPERIENCE DETAILS: .....YEARS.

SR NO	NAME OF ORGANISATION	BOARD/ UNIVERSITY/	DESIGNATION /POST	MODE OF ENGAGEMENT	FROM	TO	WORK PROFILE/ SUBJECT TAUGHT	CLASSES TAUGHT	SALARY WITHDRAWN
01.									
02.									
03.									

13. SALARY EXPECTATION: .....

14. NOTICE PERIOD REQUIRED :.....

15. PERMANENT ADDRESS: .....

.....

.....PIN.....

16. ADDRESS FOR CORRESPONDENCE :.....

.....

.....PIN.....

17. CONTACT NUMBER(S).....1.....2.....

18. EMAIL ID .....

SELF DECLARATION :

- I HEREBY DECLARE THAT INFORMATION(S) FURNISHED BY ME ARE CORRECT TO BEST OF MY BELIEF.
- I UNDERSTAND THAT IN ANY CASE, AT ANY STAGE, IF ANY INFORMATION IS FOUND TO BE FALSE, MY CANDIDATURE WILL STAND CANCELLED.
- IF SELECTED, I SHALL ABIDE BY THE SERVICE TERMS & CONDITIONS OF DAVCMC NEW DELHI-110055

NAME :..... SIGNATURE WITH DATE.....