Maharana Mewar Educational Institutions

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Recent Passport Size Photographs

No.

Application Form

(must be filled in applicants own handwriting)

| Perso | nal Data: | | | | | | | |
|--|-------------------------------|-------------------|------------------|--|---------------------------|--------------------------|--|--|
| 1 Name (in capital letters): (Mr / Ms / Mrs) | | | | | 12 Permanent Address | | | |
| | | | | | | | | |
| 2 Dat | te of birth: | | ••••• | | | | | |
| 3 Pla | ce of birth: | | | 13 Present Postal Address | | | | |
| 4 Rel | igion: | | ••••• | | | | | |
| 5 Nat | ionality: | | | | | | | |
| 6 Ma | rital status: | | 14 Land Line No. | | | | | |
| 7 Are | you in a family way: | Y | (es/No) | 15 Mobile No | | | | |
| (ap | plicable to female candidates | s) | | 16 E-mail I.D.: | | | | |
| 8 No. | of children: | | | 17 Present employment (post): | | | | |
| 9 Age | of children: | | | | | | | |
| | | | | 18 Institute : | | | | |
| 10 Fa | ther's / Mother's / Spouse's | name: | ••••• | ••••• | | | | |
| | | | | 19 Are you physically handicapped:(Yes/No) | | | | |
| 11 O | ccupation of Father / Mothe | r / Spouse: | | 20 If yes, list handicaps: | | | | |
| | | | ••••• | 21 Any recent illness / operation: | | | | |
| Acad | emic Qualifications: | | | | | | | |
| Sr | Examination passed | University/ Board | Year of passing | Division | Subject(s) | Medium in which appeared | | |
| 1 | Secondary | | | | | | | |
| 2 | Higher / Senior Secondary | | | | | | | |
| 3 | B.A. / B.Sc. / B.Com. | | | | | | | |
| 4 | M.A. / M.Sc. / M.Com. | | | | | | | |
| 5 | Teaching Degree | | | | | | | |
| 6 | Any other professional course | | | | | | | |
| Com | puter Literacy : | | | | | | | |
| Sr | Courses Completed | Name of the Inc | stitute | Sof | tware, Languages exposure | Year of Passing | | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |

^{*}Strike off whichever is not applicable.

| | ning with the most recent) School / College with | | | | - CI | | ion | gı , | <i>ξ</i> 0 ′ | any ling /ou |
|--------|--|-----------|--------------|-----------------------|---|--------|---------------|--------------------|-------------------------|---------------------------------------|
| Sr | address & telephone numbers | From | То | Subject(s) taught | Classes Taught | Medium | Designation | Starting Salary | Leaving Salary | Is there any Case Pending Against You |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| emin | ars/ Orientations / Wor | rkshops e | etc.: | | | | | | | |
| Sr | Name of the Seminar / Orientation Course / Workshop etc. attended | | Organised by | | | From | | То | | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| Game | s and Sports: | | | | | | | | | |
| l Pro | ficient in: | | | | | | | | | |
| 2 Priz | es and awards won: | | | | | | | | | |
| 3 Coa | ching experience: | •••••• | ••••• | | • | | • • • • • • • | • | • • • • • • • • • • • • | ••••• |
| 4 Wh | ich activity you have orş | ganized / | capable | e for organizing as a | teacher: | ••••• | ••••• | •••••• | •••••• | |
| | | | | v in: Music / Dance | | | | | | |

Photography / Languages.

(put a tick mark)

Contd....3

Besides Teaching Which Other School Activity Would You Like to Associate with:

First Aid / NCC / Counseling / Social Service / Sports & Games / Scouts & Guides / Cultural Programme / Picnics & Excursions / School Magazine.

| YOUR PERCEPTIONS: | | | | | | | | | |
|---|---|--------------------|---------|------------------|--|--|--|--|--|
| 1 What expectations do parents have from their child's school? | | | | | | | | | |
| • • • • • • | | | | | | | | | |
| • • • • • • | | ••••• | | | | | | | |
| • • • • • • | | ••••• | | ••••• | | | | | |
| | | | | | | | | | |
| 2 W | hat are the qualities, the school of | today must have | | | | | | | |
| ••••• | • | •••••• | | ••••• | | | | | |
| | | | | | | | | | |
| 3 In what ways can schools improve their educational environment? | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 W | hy did you choose teaching / edu | cation as a career | ? | | | | | | |
| | | | | | | | | | |
| • • • • • • | | | | | | | | | |
| •••• | | | | | | | | | |
| Name | e with address of referees not rela | ted to you: | | | | | | | |
| Sr | Name | Designation | Address | Contact Number | | | | | |
| | Tvanic | Designation | Address | Contact I tumber | | | | | |
| 1 | | | | | | | | | |
| | | | | | | | | | |
| 2 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <u>Declaration</u> | | | | | | | | | |
| I solemnly declare that every information given in this form is true and correct. | | | | | | | | | |
| | | | | | | | | | |
| Place: | | | | | | | | | |
| Date: | Date: Signature of Candidat | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| For office use and comments | | | | | | | | | |