



# KLE ENGLISH MEDIUM SCHOOL, Jule - Solapur

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## APPLICATION FORM

Form No \_\_\_\_\_

### PERSONAL PROFILE

Full Name : \_\_\_\_\_

Surname

Name

Middle Name

Father's / Husband's Name : \_\_\_\_\_

Sex : Male

Female

Affix Recent  
Coloured  
Passport Sized  
Photograph

Date of Birth : \_\_\_\_\_

Religion : \_\_\_\_\_

Cast : \_\_\_\_\_

Marital Status : \_\_\_\_\_

No. of Children : \_\_\_\_\_

Other Dependants : \_\_\_\_\_

POST APPLIED FOR :

### ADDRESS :

Present Address	Permanent Address

Phone (R) : \_\_\_\_\_ Phone (O) : \_\_\_\_\_  
Email : \_\_\_\_\_ Mobile : \_\_\_\_\_

### EDUCATIONAL PROFILE

#### Complete Educational Qualifications:

Level	Degree	Stream	Medium	Year	%	Board / University	Main Sub.	Regular/ Correspondence
Professional								
Post Graduation								
Graduation								
Higher Secondary								
Secondary								
Any Other								

Preference of Subjects and class			Preference in other areas of interest		
	Subject	Class		Area	Level
1					
2					
3					
Minimum Expected Consolidated Salary					
Last Salary Drawn					
Tick skills / activities that you can conduct or teach :					
<input type="checkbox"/> Yoga	<input type="checkbox"/> Indian Classical Music	<input type="checkbox"/> NCC	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Dance	
<input type="checkbox"/> Aerobics	<input type="checkbox"/> Indian Classical Dance	<input type="checkbox"/> Elocution	<input type="checkbox"/> Story Telling	<input type="checkbox"/> Ceramics	
<input type="checkbox"/> Pottery	<input type="checkbox"/> W / Classical Dance	<input type="checkbox"/> Photography	<input type="checkbox"/> Cultural Act.	<input type="checkbox"/> Astronomy	
<input type="checkbox"/> Craft	<input type="checkbox"/> W / Classical Music	<input type="checkbox"/> Horticulture	<input type="checkbox"/> Environment	<input type="checkbox"/> Music	
<input type="checkbox"/> Sports (Specify)					
Any other :					

What proficiencies do you have in computer technology?

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### Employment Record:

Sr No	Name of the Organization	Board	Designation (PPT/PRT/TGT)	Subject Taught	Class	Period
1						
2						
3						
4						
5						

**: References :**

Please indicate the name of two persons who know you well but are not related to you.

	<b>1</b>	<b>2</b>
Name :		
Designation :		
Organization :		
Address :	_____	_____
	_____	_____
	_____	_____
Phone :		

Notice period required to get relieved from the present institution.

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name in block letters**

\_\_\_\_\_  
**PRINCIPAL**