



# ZION (CBSE) INTERNATIONAL SCHOOL

## PERSONAL INFORMATION FORM (for Technical / Admin Post)

POST APPLIED FOR:	DATE:
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FULL NAME IN BLOCK LETTERS:	FATHER'S NAME:	Passport size color photo (To be pasted)

Date of Birth	Age	Sex	Nationality	Nativity	Religion	Caste
						OC / BC / MBC / OBC / SC / ST

Marital Status:    Single / Married / Widow / Separated / Divorced
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Present Address	Permanent Address
E-mail: Phone (landline) Mobile Phone:	E-mail: Phone (landline) Mobile Phone:

Name, Occupation & Address of Parents:	Name, Occupation & Address of Spouse:
E-mail: Phone (landline) Mobile Phone:	E-mail: Phone (landline) Mobile Phone:

HEIGHT:	WEIGHT:	POWER OF SPECTS: (If using)

**ACADEMIC & PROFESSIONAL QUALIFICATIONS (SSLC onwards)**

<b>Course (Exam passed)</b>	<b>Institution</b>	<b>University</b>	<b>Year of passing</b>	<b>Major subject</b>	<b>Class / Marks %</b>

Passport No:	Driving License No:	Aadhaar Card No.	PAN Card No.
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<b>EXPERIENCE (Begin with latest employment)</b>					
<b>Name &amp; Address of the employer</b>	<b>Designation</b>	<b>Period</b>	<b>Responsibilities</b>	<b>Gross Salary</b>	<b>Reason for leaving</b>

<b>TRAINING COURSES ATTENDED</b>			
<b>Period</b>	<b>Course title</b>	<b>Conducted by</b>	<b>Sponsored by</b>

<b>DETAILS OF CHILDREN (if married) &amp; DEPENDENTS</b>			
<b>Name</b>	<b>Age</b>	<b>Relationship</b>	<b>Occupation</b>

<b>Languages known (underline mother tongue)</b>	Physical disability / serious accidents, if any
To read	
To write	
To speak	
	Blood Group

<b>Achievements in sports &amp; cultural activities / Extra Curricular activities (please specify accordingly)</b>

<b>YOUR SKILLS IN</b>	<b>Expert</b>	<b>Average</b>	<b>Willing to learn</b>
<b>Handling and use of Audio/Video Equipment</b>			
<b>Operation of OHP System / Laptop Smart Board</b>			
<b>Dispense First Aid</b>			
<b>PRO skills / Professional ethics (dealing with Parents / Teachers)</b>			
<b>Assist in Sports and Games</b>			

<b>Any person known to you working in our Hindustan Group</b>	<b>Yes</b>	<b>No</b>
If yes, what is his / her name, designation, department and Institution name and your relationship		

<b>SALARY, ALLOWANCES AND PERQUISITES DRAWN IN THE PREVIOUS ORGANISATION (Please give break up)</b>	<b>P.F No. (If covered)</b>
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<b>Salary</b>	<b>Allowances</b>	<b>Perquisites</b>	<b>Total</b>	
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<b>Gross Salary expected:</b>	<b>Joining Time required</b>

<b>REFERENCES (persons not related to you, but knows you for more than a year)</b>	
Name, Address & Phone No.	Name, Address & Phone No.
Ph:	Ph:

**(Note: If the space provided is insufficient, pl. attach Annexure along with this form)**

I certify that the above information is correct and complete to the best of my knowledge and belief. If, at any time, I am found to have concealed any material information or even false information, my appointment shall be liable for summary termination without notice or compensation. I shall also abide by the rules and regulations of the institution, which are in force from time to time.

Place:

Date:

**Signature**

**INTERVIEW NOTES**

**Signature of the Interviewer(s)**

**REMARKS / ORDERS OF APPROVING AUTHORITY**

**SIGNATURE**