

ZION (CBSE) INTERNATIONAL SCHOOL

PERSONAL INFORMATION FORM (for Teaching Post)

POST APPLIED FOR:						DATE:				
FULL NAME IN BLOCK LETTERS					FATHER'S NAME				Passport size color photo (To be pasted)	
Date of Birth						Nativity	Religion		Caste OC / BC / MBC / OBC / SC / ST	
Marital Status: Single / Married / Widow / Separated / Divorced										
	Present A	ddress			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-m Pho					
HEIGHT: WEIGHT:				POWER OF SPECTS: (If using)						

Course (Exam passed)		Institution		University		Year of Passing	1	Major sub		Class / Marks %	
Passport PAN Card No: No:			Aadhaar Card N		No. Driving		License No.				
	EXPERIENCE (Begin with latest employment)										
Name & Address of the employer		Designation	gnation Period		Responsibilities		Gross Salary		Reason for leaving		
	\	ا د			COU	RSES ATTEND		C:-		h	
Period			Course title		Conducted	і ву	Sp	onsored	БУ		
DETAILS OF CHILDREN (if married) & DEPENDENTS Name Age Relationship Occupation							on				
	мате			Aye		Neiations	mp.		zccupatii	OII .	

Languages known (underline mother tong		Physical disability / serious		
To read		accidents, if a		
To write				
To speak		Blood Group		
Achievements in sports & cultural activ		icular activiti	es (please specify	
a	ccordingly)			
EXTRA CURRICULAR SKILLS ON OFFER:				
Activity	Coach / Train	Supervise	e / Conduct / Judge	
Table Tennis				
Shuttle Badminton				
Cricket				
Football				
Roller Skating				
Horse Riding				
Yoga				
Karate				
Music (Do you play any instrument. Pls				
Specify)				
Singing (any Language) Dance – Classical, Western, Modern				
Dramatics				
Arts(Drawing, Painting, Coloring, Collage etc.)				
Craft (Paper, Pottery, Clay Modeling, etc.)				
Rangoli				
Elocution				
Quiz				
Robotics				
Chess				
Sports (Athletics)				
Membership in professional / cultural bo	dies and Details o	f Publication	s / Research papers	
	/ Books			
Any person known to you working in our Hindustan Group	Ye	s	No	
If yes, what is his / her name, designation, department and Institution name and relationsh	hip?	<u> </u>		
SALARY, ALLOWANCES AND PERQUISIT	FS DRAWN IN TH	F PREVIOUS	P.F No. (If	

ORG/		covered)				
<u>Salary</u>	<u>Allowances</u>	<u>Perqui</u>	<u>isites</u>	<u>Total</u>		
Gross Sa			Joining Time i	required		
C. ODD Dalai y CAPOCCAI						
REFERENCES (perso	ns not related to y	ou, but kn	ows you	ı for more than a	year)	
Name, Ado		Name, Address & Phone No.				
DI			DI			
Ph:			Ph:		.l.:- .c	
(Note: If the space pr	<u>roviaea is insutticie</u>	ent, pi. att	acn Ann	<u>iexure along with</u>	tnis 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					Signature	
INTERVIEW NOTE	<u>s</u>					
Signature of the In	nterviewer(s)					