

THE LEARNING ACADEMY Managed By Darbari Lal Foundation



FORM OF APPLICATION FOR EMPLOYMENT

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a)		sonal (Capital Le					ı	
,	i)	Name and Ad	•			ı		
		Phone (Resi.) _		M	obile		_	
	ii)	Permanent Ad	ldress				_	
b)	i)	Date of birth (i						
	ii)	Place of birth _					\sim	
c)		her Tongue						
d)		ital Status arried mention r			hoir agos	Date of Ma	rriage	
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i)	•	ner's/Husband's	Name					
ii)		demic Qualificat				C		
iii)								
iv)		ure of Profession Address				2 /		
,		tion (Academic)				5 /		
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]	Exami	nation Passed	Year of Passing	Name of Institution	Name of Board or University	Division and %age of marks	Subject Studied	Medium English, Hindi
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b.	Sr. S	econdary 10+2		1	4			
c.	B.A.,	/B.Com/B.Sc.	TIRE	Vigo	UR /	AArr		
d.	M.A,	/M.Com/M.Sc.				MG		
e.	B.Ed	./N.T.T.						
f.	M.E	d.						
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g.	Othe							



ALF Public School



Signature of Candidate

THE LEARNING ACADEMY Managed By *Darbari Lal Foundation*

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V.	(reative	Activities

Ability and Standard achieved in

Arts, Crafts, Music, Dramatics, Debates, Dancing, Socially, Useful Productive Work etc.

Attach additional sheet if necessary.

VI. Work Experience

Attach Experience Certificates

Publications, if any to your credit i) References Give names, professions, address and telephone numbers of three references. 1	SI.	Name and Place	Date		Classes	Subject	Medium of	Salary
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I solemnly declare that the statements made by me as above are correct to the best of my kno		ames, professions, ad		elephone 1	numbers of			
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and belief.	and be	elief.	statement	s made by	inc as ab	ove are con	ect to the best	of my known

Please Note

Date _____

- The necessary testimonials either in original or their attested copies should be attached with the application.
- 2. Applicants who are called for interview will come at their own expenses.