

Sir Robert Stanes Educational Institutions

1044, Abinashi Road, Coimbatore – 18.

APPLICATION FORM

(To be filled neatly in the candidate's own handwriting)

Recent
Passport size
photo

SCHOOL APPLIED FOR : CBSE / ICSE / Samacheer / Nursery

POST APPLIED FOR : _____

1. Name (Mr. / Ms. / Mrs.) : _____

2. Date of Birth : ___/___/____ 3. Marital Status: Married / Unmarried

4. Husband's / Father's Name & Occupation : _____

5. Communication Address : _____

Mobile: _____ Email ID: _____

6. Permanent Address : _____

Mobile: _____ Email ID: _____

7. Academic Qualification :

Board Degree	Subjects	Marks & Division	Year of Passing	Name of the Institution	Board / University	Regular / Correspondence
SSLC						
HSC						

8. Teaching / Professional Experience (Total) : _____ Years _____ Months

Sl. No	Name of the Institution	Period		Subject & Classes Taught	
		From	To	Subjects	Classes
1					
2					
3					
4					

9. Reason for leaving the last employment : _____

10. Salary and allowances last drawn : Rs. _____
(Attach copy of the Last Pay Certificate)

11. Salary expected : Rs. _____

12. Names and Addresses of two References :

Sl. No.	Name	Designation	Address	Contact Number (if available)
1				
2				

Declaration

I, _____ hereby state that the information given by me is true of my knowledge and belief.

Date: _____

Signature of the Candidate

STATEMENT OF RECORD

NAME : _____ **DEGREE** : **UG / PG**

MAIN SUBJECT : _____ **ANCILLARY SUBJECT** : _____

Please note that you need to teach minimum **TWO SUBJECTS** and maximum as many as you can on the basis of your merit, with one or more **EXTRA CURRICULAR** activity, which you like the most. Please be specific in mentioning the aforesaid information in the space provided below.

FORMAT

←————— Classes —————→

Subjects	NUR / PREP	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII

Extra-Curricular Activities : _____

Date: _____

Signature of the Candidate

PERSONAL PROFILE CHART

1. **Name** : _____

2. **Marital Status** :

a. Married

Wife's /Husband's Name	Occupation
Son's / Daughter's Name (if any)	Age

b. Bachelor / Unmarried (please tick) :

Yes	No
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c. Brother's / Sister's Name

Brother's / Sister's Name	Age	Occupation

d. Widow / Widower /Single : _____
(If yes, write details)

3. **a. Time you would be requiring to come**
For the demonstration classes (be specific – in days): _____

b. Time you would take to join, if selected,
After the demonstration classes (be specific – in days): _____

4. **a. Co-Curricular activity**
(Wherein you can guide the children) : _____

b. Personal interest / hobby : _____

5. **a. Religion** : _____

b. If Christian,
Mention the name of the Church : _____

6. Give details of your acquaintances with phone nos., if any

a. _____ b. _____
_____ _____

Date: _____

Signature of the Candidate