



BANAS SAINIK SCHOOL
Managed by
GALBABHAI NANJIBHAI PATEL CHARITABLE
TRUST

C/o. Banas Medical College & Research Institute,
Palanpur-385001
(M) 9173634268, 9328182153, e-mail: banassainikschool@gmail.com

APPLICATION FOR TEACHING & NON-TEACHING STAFF

(INCOMPLETE APPLICATION WILL NOT BE CONSIDERED)

SECTION – 1

Please affix
your Recent
Passport Size
Photograph
here

Post applied for: _____

***Personal Details :**

Name in full: _____

Title (Mr./Mrs./Miss/Dr./Ms) : _____

Last Name (Surname) _____

First Name (Own Name) : _____

Middle(Fathers Name) : _____

Date of Birth : _____ Birth Place _____

Native State : _____ Taluka _____ Dist. _____

Blood Group: _____ Sex _____ Handicapped. (Y/N) _____

Category (Gen./OBC/SC/ST/Others) _____

Marital Status (Married/Unmarried/Widow/Divorced) _____ Identification Marks _____

*** Address Details**

Permanent address :	Correspondence address
City :	
Postal Code :	
District :	
Region(State) :	
Mobile No.	Mobile No.
Telephone No. with STD Code :	Telephone No. with STD Code :
e-mail ID :	e-mail ID :

*** Registration No.** (if applicable)

***Medical Details:**

Height (Inch) _____ Weight (Kg.) _____ Chest (Cm) _____

Are you yet to complete your studies? If yes, please give details.	Yes/ No.
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Any other Vocational / Professional / or special Qualifications in respect of the post applied.			
Name of the institute	Type of professional course / Training attended	Duration	
		From	To

Computer Knowledge :
1) M.S. Office
2) Internet
3) Programming
4) Networking
5) Hardware
6) SAP / Other ERP
7) Typewriting with Speed (Lower / Medium/ Higher) a) English b) Gujarati

SECTION – 5

Employment data (Starting from present employment)

Duration		Total Experience	Employer's Name & Place	Position held / Designation	No. of persons reporting to you	Name & Designation of your reporting officer	Reason for seeking job change
From (dd/mm/yyyy)	To (dd/mm/yyyy)						

Emoluments / Remuneration / Salary:

Particulars	Basic (P.M.)	D.A. (P.M.)	Other Allowances (P.M.)	Gross (P.M.)	Terminal Benefits	CTC	Other Perks
1. Present or last drawn							
2. Expected							

For reference purposes, please mention below at least three respectable persons, who are known to you for a considerable period.

Name	Designation	Name of Organization (with complete postal address)	Tel. No.

- Attach separate Sheet, If required.

Any other information in relation to this application:

List of Testimonials / Documents attached:

1. School leaving certificate ()
2. S S C Mark Sheet ()
3. H S C Mark Sheet ()
4. Graduation Final Mark Sheet & Certificate ()
5. Post Graduation Mark Sheet & Certificate ()
6. B.Ed Mark Sheet & Certificate ()
7. CTET/STET Mark Sheet & Certificate ()
8. Experience Certificates ()
9. Salary Slips (If Any) ()

I hereby declare that, the above given information is correct and true to the best of my knowledge. If any of the information given above is found incorrect even after appointment, my services may be terminated at any time without notice.

Place: _____

Date: _____

(Applicant's Signature)