APPLICATION FOR PRINCIPAL

1.	PE	CRSONAL DATA						Please paste recent passport size
	(a)	Name in Full (Block	x Letters)		: <u></u>			colour
	(b)	Son/Daughter/Wife	e of		: <u></u>			photograph
	(c)	Date of Birth& Age			:			Ma mat atamial
	As on	01 Apr 2020						
	YearsMonthsDays (She				ould be belo	w 55 Years)		
	(d)	Nationality			:			
	(e)	Present/Correspond	dence Addre	ess	:			
	(f) Permanent Home Address:							
	(g)	Registered Mob No			:			
	(h) Registered Mail ID(j) Aadhar Card No				:			
				:				
	(k)	PAN Card No			:			
2. PRESENT/PREVIOUS OCCUPATION.								
	(a)	Designation of the l	Post		:			
	(b)	Name and Address	of Institutio	n/				
	Organ	nisation						
	(c)	Designation of Sup	erior Inchar	ge	:			
	(d) Contact No of Superior (For verification, if need be)		:					
	(e)	Salary last drawn			:			
	(f) Salary you expect (g) Period of Notice you will have to		:					
			: <u></u>					
		give, if selected.						
3.	FAMI	LY DETAILS.						
	(a)	Marital Status				ried/Unmarrie	ed/Divorced	
	(b) Occupation of Spouse (If married)(c) No of Children with age and sex			:		,		
				: Male	eAge	Female	Age	
4.			SSIONAL F	RECO	RDS : Origin	nal Degrees to	be brought	for verification at the
	e of inte		Monle	0/	Voor -f	Carbin at Tal		Name of
Examination Passed		on Regular or Distance	Marks Obtained	%	Year of passing	Subject Take	en	Name of University/Board/ Institute

5. <u>E</u>	EXPERIENC	CE :		2					
	Experience as Principal (Exact date, month & year to be indicated		School/College	Affiliate	ed to	Medium of Teaching		Result Percentag	
	From	То							
_	-	PGT (Exact	School/College	Subject	Classes	No of		otal	
	date, month & year to be indicated From To			taught	taught	pupils taken	Experience Years Months		
	guages you	can read wri	te and speak fluentl	y :					
	LTH :								
	What kind		o you keep? cal treatment/assist	ance for the d	lisease you a	are suffering	g from		
HEA	What kind Do you ne	eed any medi	-	cance for the d	lisease you a	are sufferin	g from		
(a) (b) (c)	What kind Do you no Are you d	eed any medi ifferently abl	cal treatment/assist	cance for the d	lisease you a	are sufferin	g from		
(a) (b) (c)	What kind Do you no Are you d IPUTER KN Have you	eed any medi ifferently abl	cal treatment/assist	ance for the d	lisease you a	are sufferin	g from		
(a) (b) (c) COM	What kind Do you no Are you d IPUTER KN Have you Computer	ifferently ablactions and dependent on the details rience on works.	cal treatment/assisted? Give details c (Separate sheet categree/Diploma in	n be attached)	lisease you a	are suffering	g from		

	(a)	Any books/articles written? If so give details _				
	(b)	Prizes/Medals won, if any, as a PGT/Principal _				
		(Give details)				
10. Any other details, if you consider suitable to share						
	W	vith the school administrations				
		3				
		G				
11.	. Agreement (If appointed):-					
	(a) I agree to abide by the CBSE Rules and Regulations as amended from time to time.					
	(b)	I undertake to serve the school till the end of the final term.				
	(c) I solemnly state the all the above particulars/Statements are true to the best of my knowledge and belief.					
D	ated	l(Sign	ature of Applicant)			
		` 8	e			