St. Norbert School, Indore

RRCAT-Rau Road, Rangwasa, Indore – 453 331 (M.P.)
Ph.: 9522569801; 9522569802; Visit us at: www.stnorbertschool.ac.in;

Please attach your latest self-attested coloured passport size photograph.

Application Form For (√): Teaching Faculty / Administrative / Office Staff / Lab Assistant

Instructions to the Candidate:

1. Please fill in **BLOCK LETTERS** only.
2. All testimonials should be **Self-Attested** or attested by a **Competent Authority** before submission.
3. The duly filled in **Application Form** (fill in only the columns applicable to you) is to be **Handed Over** at the **Reception** or sent by **Registered Post.** The **School** will not be responsible for any postal delay.
4. **Proficiency in English is a must.**
5. A **Hand Written Covering Letter (in not less than 100 words)**, describing your reasons for choosing **St. Norbert School** as well as the **suitability of your candidature** for the job applied, **is a must.**
6. On all matters the decision of the **Management** will be **Final**.

Reference: **Advt. No.:** ……..... **Date:** …….. **News Paper:** ……

Application for the Post of (√): PGT/TGT/PRT/Pre-Primary Teacher	**Subject:** ……

1. Name: …… **Middle Name:** …… **Surname:** ……

2. Gender (√): Male / Female **3. Date of Birth:** …… **4. *Aadhaar* No.: .....**

5. Marital Status (√): Single / Married **6. Father's / Husband's Name & Surname:** ……...

7. Complete Address for Correspondence: ……

City: ……..... **State:** ……..… **Pin Code:** …….

8. Permanent Address: …….

City: ……..... **State:** ……..… **Pin Code:** …….

9. Languages Known: 1) …… 2) …… 3) …….

10. Contact Numbers:

Mobile (1)	Mobile (2)	Residence / Office (with STD code)

11. Email ID: …… **12. Nationality:** …….

13. Religion (√): Hindu / Muslim / Sikh / Christian / Catholic* / Other:.....14. Category (√): General / OBC / SC / ST

*If you are a Catholic, please attach a Letter of Authentication from your Parish Priest.

15. QUALIFICATIONS:

A) Educational Qualifications:

S. No.	Examination / Degree / Diploma	Year of Passing	Name of the Board / Institute / University	Marks Obtained / Out of	Percentage or Percentile	Grade or Division	Encl. No.
1.	**Class X**						
2.	**10 + 2 or Equivalent**						
3.	**Graduation**: …….						
4.	**Post-Graduation:** ……. **Specialization:** …….....						
5.	**B. Ed.:** …….....						

B) Other Examinations Passed:

S. No.	Examination	Month & Year of Passing	Subject	Marks / Percentile / Grade	Encl. No.
1.	**SET / CTET**				
2.					
3.					

16. EXPERIENCE:

A) Teaching Experience: (Total: …… Years …… Months):

S. No.	Name of the Post Held (Please begin with the most recent one)	Salary (Monthly)	Name of the Employer	Date of Joining	Date of Leaving	Total Experience	Encl. No.
1.							
2.							
3.							
4.							

B) Administrative / Office / Other Professional Experience: (Total: ……. Years ……. Months)

S. No.	Name of the Post Held (Please begin with the most recent one)	Salary (Monthly)	Name of the Employer	Date of Joining	Date of Leaving	Total Experience	Encl. No.
1.							
2.							
3.							

17. Computer Proficiency (**is a must.** Enclose Certificates, if any): ……

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18. Professional Achievements / Awards / Honours (Enclose a separate sheet of A4 size paper, if required): ……

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19. Minimum expected salary (per month): ……

20. If selected, how soon would you be available to take up the appointment? ……..…..

21. Any other relevant information to share (NCC / NSS / Sports / Others: Enclose Certificates, if any): ……..

……..….

22. References of two academicians of repute in the area:

A) Name: ……..…….

Designation: ……..……

Contact No: ……..

Email ID: ……..……

B) Name: ……..…….

Designation: ……..……

Contact No: ……..

Email ID: ……..……

23. Recommendation of the forwarding authority (if any) with their signature and seal/stamp: …….

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Name: ……..…….

Designation: ……..……

Contact No: ……..

Email ID: ……..……

Seal/Stamp

I, ..., hereby declare that all the information provided in this form is correct to the best of my knowledge and belief, and in case it is proved otherwise, I shall be liable for dismissal.

Place: …….

Signature of the Candidate: ……

Date: …….