## ( to be filled in the school office only )

Ap (Pl	plicat ease a	ion for thattach your	ne post ofresume alongwith this performa)	Teaching Sub	pjects						
1.		ne : apital letter			2. Date of Birth :						
3.	Fath	ier's Nam	ne :								
	Mart	tial Status	: Married / Single / Divorcee (	tick one)							
	Husl	band's Na	ame (if married )			Photo					
4.	Occ	upation of	f Father/Spouse:								
5.	Perr	nanent Ad									
				,							
6.	Mail	ing Addre	ess (If different from No.5):								
7.	Tele	phone No	o. Resi. :-	Office :-	Mobile No.:						
8.			alifications :-								
	(a)	Name o	of the <b>High School</b>								
		Name o	of the Board	Year	Marks Obtained (%age)						
	(b)		Name of the Sr. Sec. School								
	,	Name o	of the Board	Year	Marks	Obtained ( %age)					
	(c)		tion :								
	(0)	Graduation :-  Name of the College									
		Affiliated	d to	Year	Regular	/ Correspondence					
		S. No.	Name of the Subject		Marks	obtained (%age)					
		(i)									
		(ii)									
		(iii)									
		(iv)									
		(v)									

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(d)		Graduation :- of the Institution								
	Affiliate	ed to	Yea	ar	Regular / Correspondence					
	S. No.	Name of the Subject			Marks obtained (%age)					
	(i)									
	(ii)									
	Distinc	tion if any								
(e)		lor of Education :- of the Institution								
		ed to								
					-					
	S. No.	obtained (%age)  Name of the Teaching Subjection			Marks obtained (%age)					
	(i)				(////					
	(ii)									
<b>(5</b> )										
(f)		r of Education :- of the Institution								
	Affiliate	ed to	ar	Regular / Correspondence						
	Marks obtained (%age)									
	S. No.	Name of the Teaching Subject	et		Marks obtained (%age)					
	(i)									
	(ii)									
(g)	Wheth	er Teacher's Eligibility Test Clea	ared? Yes 🗌 / No [							
	Name	of the Board and Year of Passing .								
(h)	Specia	al /Additional (If not covered abo	ve) :							
<b>-</b> .			·/		0					
ch	ronologi	e: (Teaching / School Administrat cally, starting with the present one.	•							
	No.	Name of the Institution	Subjects taught	Classes taught	Tenure					
(	i)									
(	(ii)									
(	iii)									
(	.··' <i>)</i>									
1	iv)									
(	iv)									

9.

## Page - 3 10. (c) Expected Salary:.... (a) Last salary drawn Salary Slip /Proof of last Salary Drawn. Attached / Not Have you earlier worked in CBSE Affiliated School, if yes, please provide CBSE ID .....@cbsedigitaledu.in 11. Whether earlier a member of Employees Provident Fund Scheme 1952 ☐ Yes ☐ No □No Whether earlier a member of Employees Pension Scheme 1995 ☐ Yes (Signature of the Applicant) If Yes at Sr. No. 11, then give details of Previous Employment 12. (a) Universal Account Number (b) Previous PF Account Number ....... Date of Exit from Previous Employment Publications / Dissertation :-13. 14. A brief Academic / Extra-curricular Achievements :-15. Any other matter while discharging duties :-

16.	Why would you like	e to join this Ir	nstitution :-				
Expres	s your views on th	e following :	-				
	s-teacher relationsh						
Student	s-teacher relations	пр					
<u>Verifica</u>							
I hereby time du	/ certify that the aboring the course of e	ove information	on given by me i o be false, suppr	s complete an essed or incor	d correct a	and if found will be resp	d either at the recruitment stage or any onsible for the consequences including
disquali	fication of my serv	rices with imr	mediate effect w	ithout any no	tice along	with any f	ines or penalties levied by any Govt.
Departn	nent to be paid by n	ne.					
						5	Signature of the Applicant
							Date
(for off	ce only)						
וווט וטון	ce only)	Observ	vations / recomi	mendation of	the Selec	tion Comr	nittee
	of the Selection	Subject	Communication	Student	Teaching	Marks	Signature
Comm	ittee Member	Knowledge	Skill (10)	Engagement	Skills	Obtained	

Name of the Selection Committee Member	Subject Knowledge	Communication Skill	Student Engagement	Teaching Skills	Marks Obtained	Signature
	(10)	(10)	(10)	(10)	(40)	

## **EMPLOYEES' PROVIDENT FUND ORGANISATION**

Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) & Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

Name of the member  Father's Name Spouse's Name (Please tick whichever is applicable)  Date of Birth: ( DD / MM / YYYY )					
(Please tick whichever is applicable)  Date of Birth: ( DD / MM / YYYYY )					
Date of Birth: ( DD / MM / YYYY )					
Gender: (Male/Female/Transgender)					
Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)					
(a) Email ID:					
(b) Mobile No.:					
Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No				
Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No				
Previous employment details: [if Yes to 7 AND/OR 8 above a) Universal Account Number:					
b) Previous PF Account Number:					
c) Date of exit from previous employment: (DD/MM/YYYY)					
d) Scheme Certificate No. (if issued)					
e) Pension Payment Order (PPO) No. (if issued)					
a) International Worker:	Yes / No				
b) If yes, state country of origin (India/Name of other country)					
c) Passport No.					
d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]					
KYC Details: (attach self attested copies of following KYCs)					
a) Bank Account No. & IFS Code					
b) AADHAR Number					
c) Permanent Account Number (PAN), if available					
Certified that the particulars are true to the best of my knowledge.  I authorize EPFO to use my Aadhar for verification/authentication/ek  Kindly transfer the funds and service details, if applicable, from the particular	previous PF account as declared above to the present P.F. Account.				
4) In case of changes in above details, the same will be intimated to en	nployer at the earliest.				
Date:	Signature of Member				
	BY PRESENT EMPLOYER				
	ed on and has been allotted PF Number				
	52 and EPS, 1995:				
<ul> <li>(Post allotment of UAN) The UAN allotted for the member is</li></ul>					
	Previous employment details: [if Yes to 7 AND/OR 8 above a) Universal Account Number:  b) Previous PF Account Number: c) Date of exit from previous employment: (DD/MM/YYYY) d) Scheme Certificate No. (if issued) e) Pension Payment Order (PPO) No. (if issued) a) International Worker: b) If yes, state country of origin (India/Name of other country) c) Passport No. d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]  KYC Details: (attach self attested copies of following KYCs) a) Bank Account No. & IFS Code b) AADHAR Number c) Permanent Account Number (PAN), if available  Uni) Certified that the particulars are true to the best of my knowledge. 2) I authorize EPFO to use my Aadhar for verification/authentication/eK (The transfer would be possible only if the identified KYC detail approusing his Digital Signature Certificate) 4) In case of changes in above details, the same will be intimated to emplace: Place:  DECLARATION A. The member Mr./Ms./Mrs. has joine B. In case the person was earlier not a member of EPF Scheme, 198 e (Post allotment of UAN) The UAN allotted for the member in the YC details of the above member in the UAN decrease Tick the Appropriate Option:  The KYC details of the above member in the UAN decrease Tick the Appropriate Option:  The KYC details of the above member of EPF Scheme, 1982 at the person was earlier a member of EPF Scheme, 1952 at the above PF Account number/UAN of the member as Member ID as declared by member.				