



KLE SOCIETY'S SCHOOL GOKAK

Opp. Umarani Hospital, Main Road Gokak - 591 307 Dist : Belgaum, Ph : 08332-229504
E-mail : klesgokak@gmail.com

APPLICATION FORM

Form No _____

Personal Profile

Full Name : _____
Surname Name Middle Name

Father's / Husband's Name : _____

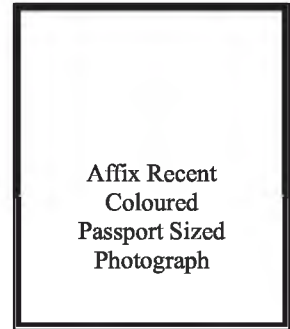
Sex : Male Female

Present Occupation (Self) : _____

Father's / Husband's Occupation : _____

Date of Birth : (dd/mm/yy) _____ **Religion :** _____ **Cast :** _____

Marital Status : _____ **No. of Children :** _____ **Other Dependants :** _____



Post Applied for :

Address:

Present Address		Permanent Address	
City:	City:		
Phone (R) :	_____	Phone (O) :	_____
Email :	_____	Mobile :	_____

: Educational Profile:

Complete Educational Qualifications:

Level	Degree	Stream	Medium	Year	%	Board / University	Main Sub.	Regular/ Correspondence
Professional								
Post Graduation								
Graduation								
Higher Secondary								
Secondary								
Any Other								

Preference of Subjects and class			Preference in other areas of interest		
	Subject	Class		Area	Level
1					
2					
3					
Minimum Expected Consolidated Salary					
Salary Drawn					
Tick skills / activities that you can conduct or teach :					
<input type="checkbox"/> Yoga	<input type="checkbox"/> Indian Classical Music	<input type="checkbox"/> NCC	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Dance	
<input type="checkbox"/> Aerobics	<input type="checkbox"/> Indian Classical Dance	<input type="checkbox"/> Elocution	<input type="checkbox"/> Story Telling	<input type="checkbox"/> Ceramics	
<input type="checkbox"/> Pottery	<input type="checkbox"/> W / Classical Dance	<input type="checkbox"/> Photography	<input type="checkbox"/> Cultural Act.	<input type="checkbox"/> Astronomy	
<input type="checkbox"/> Craft	<input type="checkbox"/> W / Classical Music	<input type="checkbox"/> Horticulture	<input type="checkbox"/> Environment	<input type="checkbox"/> Music	
<input type="checkbox"/> Sports (Specify)					
Any other :					

What proficiencies do you have in computer technology?

Employment Record:

(Beginning with most recent)

Name of Organization : _____

Address : _____ Phone No. : (____) _____

Your Job Title : _____ Supervisor's Name / Position : _____

From : ____ / ____ / ____ To : ____ / ____ / ____ Salary Paid : _____

Grades or Subjects taught, if applicable : _____

Duties and Responsibilities : _____

Reason For Leaving : _____

: References :

Please indicate the name of two persons who know you well but are not related to you.

	1	2
Name :		
Designation :		
Organization :		
Address :	_____	_____
	_____	_____
	_____	_____
Phone :		

Notice period required to get relieved from the present institution.

Date

Signature

Name in block letters

President