ST. THOMAS PUBLIC SCHOOL, IRINGOLE, PERUMBAVOOR

PH: 0484-2524398

2595023

TEACHERS APPLICATION FORM

| Name | | |
|-----------------------|---|---|
| Address with Pin code | • | - |
| | | |
| | | |
| Phone no. with code | | |
| | : | |
| Religion | : | Cast |
| Age & Date of Birth | : | |
| E-mail | : | •*••••••••••••••••••••••••••••••••••••• |

Educational Qualification:

| Course | Institution | University | Subject | Year of passing | % marks |
|--------|--|---|------------------------|-----------------|---------|
| SSLC | | | | N | |
| PDC/+2 | - Company | | | | |
| D.C | a ogra a kokana sa sa | | | | |
| P.G | eregency man | | 1 | | |
| B.ED | n värte inn i veri 🖉 | e en antes glasses a la serie de antes per familier | | at out a | |
| Others | a ang ang ana ang ang ang ang ang ang an | алана Талана Перединан каланалар жарар жарар Талана | and environment of the | | |

Experience:

| Institution | Post-Held | Period of service | Classes handled | Reason for leaving |
|---------------------|-------------------|---|-------------------|--------------------|
| | | (2.2.) I source the XM state of a first state and source the XM state of a first state and source the XM state of a first state and state and state states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and states and sta | i Shipheesiya ya | |
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| ng en eksiste sinte | ITAN BI INN BER 9 | e e construction de la construction | age di su a ac | 1. Standard |
| | | | | |

Languages Known

Co-Curricular Activities

- 1. Read :....
- 2. Write :....
- 3. Talk :....

1 : 2 : 3:

| Certifi | icates of Achie | vements : | |
|-------------|-----------------|-------------------------------|---|
| 1. | | | |
| 2. | | | • |
| 3. | •••••• | | ••••• |
| Social | Activities : | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| Religi | ous Activities | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| | y Expected | • | |
| | y Bio-data | | |
| Fathe | r's Name | | |
| Quali | fication | : | |
| Profe | ssion | | |
| Moth | er's Name | : | |
| Quali | fication | : | |
| Profe | ssion | : | |
| Detai | ls of sibling | : | |
| What | t they are they | doing : | |
| Mari | tal Status | : | |
| Spou | se Name | : | |
| a af an a s | ification | : not se | |
| . | pation | : | |
| Offic | ial Address | : | |
| No. (| Of children, n | | |
| Achi | evements: | | |
| 1. | Academic | | |
| | Professiona | | |
| D | istance betwe | en school and your residence: | |
| | Date: | | |
| | Date. | | |

Signature Name

: