

USHAGRAM GIRLS' HIGH SCHOOL

(A Christian Minority institution managed by the Bengal Regional Conference of the Methodist Church in India.)

- This application is to be filled in applicant's own handwriting neatly and legibly.
- Only attested copies of testimonials and of other documents should be submitted as they will not be returned.

Post Applied for with a reference to the advertisement:

Paste Your
Recent
Photograph
Here

1. Name in Full (IN BLOCK CAPITALS):

First Name	Middle Name	Surname

2. Name of Father/Husband: _____

3. Date of Birth:

Date	Month	Year

4. Correspondence Address(IN BLOCK LETTERS IN ENGLISH)

5. Telephone _____ Mobile _____ Email Id _____

6. Permanent Address: _____

7. Mother Tongue _____ Blood Group _____

8. Any other language you can speak, read & write fluently _____

9. Caste: _____

(Attach Document in Support)

10. Religion: _____

11. Academic Career and Attainments:

Exam	Year of Passing	Board or University	Institute at which studied	Division obtained	Percentage of Marks	Subjects take with marks obtained in each.
M.P. or its equivalent						
H.S. or H.S. equivalent						
B.A. (H)/B.Sc. (H) / B.Com.(H)						
B.A. /B.Sc. / B.Com.						
M.A. / M. Sc. / M. Com.						
B.T/B.ED/B/Lib/ B. P ED/P.G.B.T./P.G.T						
M.Ed						
Others						

Explain gaps in career, if any. Strike off what does not apply

12. Particulars of Experience including the present employment:

Name of Employer/ Institute	Period Of Service		Length Of Service		Nature of Duties Performed	Reason for leaving
	From <i>Month & Year</i>	To <i>Month & Year</i>	Years	Months		

13. Details of Participation in Co-curricular activities as a student or as a teacher and accreditations received:

Year	Particulars of Activity	Accreditations

14. Name, address and contact numbers of TWO responsible persons, known to you, who should be willing to send confidential report as referees:

--	--

15. Annexure:

(List of attested copies of testimonials, documents, etc. submitted herewith. Originals to be produced when required).

To be filled in by Christian Candidates Only		
Name of Church: _____		
Denomination: _____ Membership Number _____		
PASTOR'S RECOMMENDATION		
This is to certify that Mr./Miss/Mrs./Dr. _____ is a Full / Preparatory member of _____ Church, _____ _____ .		
She/he is a member in Good standing of this church for _____ years.”		
_____	_____	_____
Pastor	Date	District Superintendent
Church Seal:		Seal

DECLARATION

“I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief.

I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility criteria according to the requirements of the relative advertisement, my candidature/appointment are liable to be cancelled/terminated.”

Place:

Signature of Candidate (in full)

Date:

Name of Candidate