PERSONAL INFORMATION FORM (for Teaching Post)

POST APPLIED FOR: DATE:						DATE:				
FULL NAME IN BLOCK LETTERS FA					HER'S NAME			Passport size color photo (To be pasted)		
Date of Birth	Age	Sex	Natio	onality	′	Nativity	Religion	Caste OC / BC / MBC / OBC / SC / ST		
Marital Stat	Marital Status: Single / Married / Widow / Separated / Divorced									
	Present	Address			Permanent Address					
E-mail: Phone (landline) Mobile Phone:					E-mail: Phone (landline) Mobile Phone:					
Name, Occupation & Address of Parents:						Name, Occupation & Address of Spouse:				
E-mail: Phone (landline) Mobile Phone:					E-mail: Phone (landline) Mobile Phone:					
HEIGHT:		WEIGHT:			F	POWER OF SPEC	CTS: (If using)			

ACADEMIC & PROFESSIONAL QUALIFICATIONS (SSLC onwards)

Course (Exam passed)		Institution		University		Year of Passing	ı	Major subject		Class / Marks %
Passport No:		Aadhaar Card N		No. Driving Lice		J License N	cense No.			
			EXPE	RIENCE (Be	gin w	ith latest emp	loyment	t)		
Name & Address of the employer		Designation		Period Res		ponsibilities	Gross Salary		Reason for leaving	
				TRAINING	COU	RSES ATTEND	<u>ED</u>			
Period			Course title		Conducted	d by	Sponsored by		by	
			TAILS		EN (i	f married) & D				
<u> </u>	<u>Nam</u>	e	Age			Relation	ship		Occupatio	on

Languages known (underline mother ton	gue)	Physical disability / serious
To read		accidents, if any
To write		
To speak		Blood Group
Achievements in sports & cultural activ		ricular activities (please specify
a	ccordingly)	
XTRA CURRICULAR SKILLS ON OFFER:		
Activity	Coach / Train	Supervise / Conduct / Judge
Table Tennis		
Shuttle Badminton		
Cricket		
Football		
Roller Skating		
Horse Riding		
Yoga		
Karate		
Music (Do you play any instrument. Pls Specify)		
Singing (any Language)		
Dance – Classical, Western, Modern		
Dramatics		
Arts (Drawing, Painting, Coloring, Collage etc.)		
Craft (Paper, Pottery, Clay Modeling,		
etc.) Rangoli		
Elocution		
Quiz		
Robotics		
Chess		
Sports (Athletics)		
sports (Athletics)		
Membership in professional / cultural bo	dies and Details	of Bublications / Bossarch papers
membership in professional / cultural bo	/ Books	oi Publications / Research papers
	7 200.00	
Any person known to you working in our Hindustan Group	Y	es No
If yes, what is his / her name, designation,	hin?	1
department and Institution name and relations	hip?	

SALARY, ALLOWAN	P.F No. (If							
ORGA	covered)							
<u>Salary</u>	<u>Allowances</u>	<u>Perqu</u>	<u>isites</u>	<u>Total</u>				
Gross Sa	lary expected:			Joining Time r	equired			
DEFEDENCES (. C				
REFERENCES (person		ou, but Kr	iows you					
Name, Add	ress & Phone No.			Name, Address &	Phone No.			
Ph:			Ph:					
(Note: If the space pr	ovidad is insufficia	ont al att		ovuro along with	thic form)			
(Note: 11 the space pr	ovided is ilisuificie	<u> </u>	acii Aiiii	exure along with	tilis iorili <u>)</u>			
I certify that the above information is correct and complete to the best of my knowledge and belief. If, at any time, I am found to have concealed any material information or even false information, my appointment shall be liable for summary termination without notice or compensation. I shall also abide by the rules and regulations of the institution, which are in force from time to time.								
Place:								
Date:					Signature			
INTERVIEW NOTES	<u>5</u>							