



ZION MATRICULATION HIGHER SECONDARY SCHOOL

PERSONAL INFORMATION FORM (for Technical / Admin Post)

POST APPLIED FOR:	DATE:
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FULL NAME IN BLOCK LETTERS:	FATHER'S NAME:	Passport size color photo (To be pasted)

Date of Birth	Age	Sex	Nationality	Nativity	Religion	Caste
						OC / BC / MBC / OBC / SC / ST

Marital Status: Single / Married / Widow / Separated / Divorced
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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:	POWER OF SPECTS: (If using)

ACADEMIC & PROFESSIONAL QUALIFICATIONS (SSLC onwards)

Course (Exam passed)	Institution	University	Year of passing	Major subject	Class / Marks %

Passport No:	Driving License No:	Aadhaar Card No.	PAN Card No.
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EXPERIENCE (Begin with latest employment)					
Name & Address of the employer	Designation	Period	Responsibilities	Gross Salary	Reason for leaving

TRAINING COURSES ATTENDED			
Period	Course title	Conducted by	Sponsored by

DETAILS OF CHILDREN (if married) & DEPENDENTS			
Name	Age	Relationship	Occupation

Languages known (underline mother tongue)	Physical disability / serious accidents, if any
To read	
To write	
To speak	
	Blood Group

Achievements in sports & cultural activities / Extra Curricular activities (please specify accordingly)

YOUR SKILLS IN	Expert	Average	Willing to learn
Handling and use of Audio/Video Equipment			
Operation of OHP System / Laptop Smart Board			
Dispense First Aid			
PRO skills / Professional ethics (dealing with Parents / Teachers)			
Assist in Sports and Games			

Any person known to you working in our Hindustan Group	Yes	No
If yes, what is his / her name, designation, department and Institution name and your relationship		

SALARY, ALLOWANCES AND PERQUISITES DRAWN IN THE PREVIOUS ORGANISATION (Please give break up)	P.F No. (If covered)
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Salary	Allowances	Perquisites	Total	
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Gross Salary expected:	Joining Time required

REFERENCES (persons not related to you, but knows you for more than a year)	
Name, Address & Phone No.	Name, Address & Phone No.
Ph:	Ph:

(Note: If the space provided is insufficient, pl. attach Annexure along with this form)

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

Signature of the Interviewer(s)

REMARKS / ORDERS OF APPROVING AUTHORITY

SIGNATURE