



# VISHWA BHARTI PUBLIC SCHOOL

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Self-Attested  
Passport size  
Photograph

**APPLICATION FOR THE POST OF:** \_\_\_\_\_

## PART ONE: PERSONAL INFORMATION

1. Name (Block Letters): \_\_\_\_\_
2. Gender: Male ☐ Female ☐ Others ☐
3. Mother's Name: \_\_\_\_\_
4. Father's Name: \_\_\_\_\_
5. Date of Birth: Date   Month   Year     6. Age (as on date): \_\_\_\_Y \_\_\_\_M
7. Verified Aadhaar No.  8. Blood Group  9. Nationality
10. Religion  11. Mother Tongue
12. Marital Status: Married ☐ Unmarried ☐ Divorced ☐ Widowed ☐
13. Family Details: (Give details of Spouse if married & Father if unmarried)
- a) Name of Spouse / Father: \_\_\_\_\_
- b) Occupation: Govt. Employee ☐ PSU Employee ☐ Private Service ☐ Self Employed ☐
- c) Name & address of the Organisation: \_\_\_\_\_  
\_\_\_\_\_
- d) Designation: \_\_\_\_\_ e) Mob. No. \_\_\_\_\_
- f) Annual Income: \_\_\_\_\_ g) Email id: \_\_\_\_\_
- h) Details about Children:

S.No.	Name	Sex	Age	Institution in which they are studying
1.				
2.				

14. Present Address (Own / Rented): \_\_\_\_\_

15. Mobile: \_\_\_\_\_ Email: \_\_\_\_\_ Emergency no. \_\_\_\_\_

16. Permanent Address: (Own / Rented) \_\_\_\_\_

\_\_\_\_\_ Phone No. \_\_\_\_\_

17. Details of Foreign Travel: \_\_\_\_\_  
(If any) \_\_\_\_\_

18. Awards / Honours / Scholarships received if any:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

### PART TWO: ACADEMIC RECORD

(Write from latest to first)

S. No.	Exam Passed	Year	Name of Institute/ College/University	Course		%of Marks and Division	Subjects Offered
				Regular	Correspondence		

### PART THREE: TEACHING/ADMINISTRATIVE EXPERIENCE

(Give details of Institutions where you have worked from the latest to first)

S. No.	Institution	Post Held	Period		Classes Taught	Salary Drawn	Reason for Leaving
			From	To			

1. a) Total Teaching Experience                      Years                       Months

b) Total Administrative Experience                      Years                       Months

2. Any Special Achievement worth highlighting: \_\_\_\_\_  
(e.g. Result in Academics, Competitions etc.) \_\_\_\_\_
3. Other Duties and Responsibilities held (attach sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_
4. Computer proficiency you are familiar with: \_\_\_\_\_

#### PART FOUR: OTHER INFORMATION

1. Details of Seminars / Conferences participated in (with duration)
  - I. \_\_\_\_\_
  - II. \_\_\_\_\_
  - III. \_\_\_\_\_
  - IV. \_\_\_\_\_
2. Membership of any Library /Society/Organisation (National/ International)
  - I. \_\_\_\_\_
  - II. \_\_\_\_\_
3. Proficiency in
  - I. Sports
  - II. Co-Curricular Activities
4. Hobbies and interests
  - I. \_\_\_\_\_
  - II. \_\_\_\_\_
  - III. \_\_\_\_\_
5. If involved in any case(legal or otherwise)?  
(Give details of disposed off or pending litigation) \_\_\_\_\_
6. Do you take private tuitions? Yes ☐ No ☐
7. Any Management Member of Vishwa Bharti known to you? Yes ☐ No ☐  
If yes, relation: \_\_\_\_\_
8. Does any of your relative work in any of our Institutions? Yes ☐ No ☐  
If yes, give details \_\_\_\_\_
8. Have you applied/worked in any unit of VBPS before Applied :  
Yes ☐ No ☐  
Worked: Yes ☐ No ☐  
If yes, state reason for not joining/leaving \_\_\_\_\_  
\_\_\_\_\_
9. Salary expected per month: Rs. \_\_\_\_\_

10. Name, designation, address and Tel. No. of two references (Not related to you)

1. _____	2. _____
_____	_____
_____	_____

11. Ailment/s if any (Tick mark if any of these is applicable/cross if not applicable)

Blood Pressure <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Allergy <input type="checkbox"/>
Asthma <input type="checkbox"/>	Cardiac <input type="checkbox"/>	Any other give details <input type="checkbox"/>

12. If selected, how much notice do you require? (State Period) \_\_\_\_\_

I hereby declare that the information furnished above is true. In case any statement is proved concealed or incorrect at any point of time, I shall be liable to such action as the Management of the Institution deems proper.

Date of application: \_\_\_\_\_

\_\_\_\_\_  
Signature of Candidate

**Withholding of any information shall lead to disciplinary action.**

**PART FIVE**

List of enclosures: Self Attested copies of -

- |   |                          |
|---|--------------------------|
| 1. All Academic and Professional Certificates (Mark Sheet and Degrees)                            | <input type="checkbox"/> |
| 2. Experience and Conduct Certificate from Heads of Institutions served previously                | <input type="checkbox"/> |
| 3. Medical Certificate of fitness from Govt. CMO/Govt. Hospital                                   | <input type="checkbox"/> |
| 4. Other Certificates in support of your claim about proficiency in Co-Curricular Activities etc. | <input type="checkbox"/> |
| 5. Two latest Passport size Photographs<br>(One to be pasted on form and one to be attached)      | <input type="checkbox"/> |

**Note:- Incomplete application will not be considered**

**(FOR OFFICE USE)**

- |                                 |                                 |                                 |
|---------------------------------|---------------------------------|---------------------------------|
| • Entrance Test<br>Marks: _____ | Call <input type="checkbox"/>   | Reject <input type="checkbox"/> |
| • Preliminary Interview         | Call <input type="checkbox"/>   | Reject <input type="checkbox"/> |
| • Final Interview               | Select <input type="checkbox"/> | Reject <input type="checkbox"/> |

**Dated:**

**Signature of Principal**