

Part of La Montessori Chain of Schools Dhalpur | Kelheli | Dunkhra | Nerchowk | Sayoli | Joginder Nagar

## **EMPLOYEE'S BIO-DATA**

. Name				•••••	Photograph
. Date of Bi	rth	Aadhar No			
. Father's N	ame		Father's Occupa	tion	
Spouse's N	lame (If married) W/o /	/ H/o	Spouse's Occu	pation	
Residentia	al Address			•••••	•••••
•••••		Email ID			
. Mobile No	) <b>.</b>	Alternate	Mobile		
. Qualificati	<b>ions</b> : a. Academic				
Exam Passed	School / College	Board / University	Subjects	Year	Div.
Х					
XII					
Graduation					
B.Ed.					
Post Graduation					
CTET/TET					
b. Profession	onal (if any)				
s Evnorion					
c. Experien	ce				
Other Acc	omplishments				
Interests /	Hobbies				•••••
O. Particular:	s, if applied anywher	re else			
1. Reason for	r joining this school			•••••	•••••
••••					•••••
2. <b>Committe</b>	d to serve for how lo	ng?		•••••	
3. <b>Minimum</b>	monthly salary expe	ected of 36 periods i	n a week		

## **TEACHER'S TEACHING PROFICIENCY**

The following form has a list of the subjects available at the School, kindly mark the subject you think you can teach, along with the classes in which you think you can teach.

	M-1	M-2	M-3	C-1	C-2	C-3	C-4	C-5	C-6	C-7	C-8	C-9	C-10
English													
Hindi													
Sanskrit													
Mathematics													
EVS													
Physics													
Chemistry													
Biology													
Geography													
Political Science													
History													
Disaster													
Management													
Computers													
Martial Arts													
Classical Dances													
Contemporary Dances													
Classical Music													
Contemporary Music													
Drawing													
Physical Education													
<b>,</b>													

## Kindly furnish the following documents on within 1 month of the official Date of Joining:

- 1. Certificates of Academic Qualifications
- 2. Experience Certificate
- 3. Medical Certificate

- 4. Police Verification
- 5. Signed Service Contract
- 6. Attested Copy of PAN Card
- 7. Attested Copy of Aadhar Card
- 8. Cancelled Cheque
- 9. Old EPF No., if any

I hereby certify that the above information furnished by me is correct and true to the best of my knowledge.

(Signature)	Date:

## Office Use

Date of Joining	Employee ID	Class Allotted	Subject Allotted	Timings