



D.A.V. PUBLIC SCHOOLS
UP ZONE-D

E-mail - upzonedrecruitment@gmail.com Contact No- 9452686005

D.A.V. PUBLIC SCHOOL OBRA

OBRA THERMAL PROJECT (UPRVNL), OBRA, SONBHADRA (U.P.) 231219
Session 2026-27

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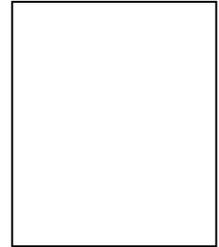
Contact No.-05445-262526

Website-www.davpsobra.org

Application form for Teaching and Non-teaching Staff

Application for the post of..... (Meant for one post only)

1. NAME OF THE APPLICANT (in BLOCK LETTERS)
2. Father's Name.....
3. Address (For Correspondence)
4. DAV C B T R o l l N o
5. Mobile No. Registered with DAVCAE
6. E Mail ID
7. Permanent Address
-Whatsapp No.....
8. Date of birth (in figures)(In words)
9. Place of birth: -..... 10. Mother tongue.....
11. Efficiency in written and spoken: Very Good / Good / Fair / None
i) English..... ii) Hindi..... iii) Any other language.....
12. Marital Status.....If married, Name of Spouse..... Occupation.....
No. of children with age
13. Qualifications: -



S. N.	Degree/Diploma	Year of passing	Board/ University	Regular/Private/ Correspondence	Marks Obtained	Max marks	% of marks	Subject offered
1	High School/Secondary level							
2	Intermediate/Sr. secondary							
3	B.A./ B. Sc/B. Com							
4	M.A./ M. Sc /M. Com							
5	B. Ed (NCTE Approved)				Th: Pract:			
6	CTET/TET- Primary level (Paper1)							
7	CTET/TET- Upper Primary (Paper 2)							
8	Any Other							
9								
10								

Note: Self attested photocopies of the certificates to be attached with the filled form.

14. Games played
15. Achievement, if any (Represented College, University, State)
16. Creative Activities (Art, Craft, Music, Dramatics, Debate, Dance etc.)
17. Achievement, if any
17. Salary Expected:.....Notice Period Required:.....

18. Experience (only of recognized Institution) for Teaching Staff

S.N.	Name of institution and place	From	To	Total Exp.	Classes taught	Subjects taught	Medium of teaching	Total Salary

19. Experience (only of recognized Institution) for Administrative Staff

S. No.	Name of institution and place	From	To	Total Exp.	Total Salary

20. Details of Published work

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21. References (Give names, profession and addresses of two references who are not the relative of the candidate)

- i)
-
- ii)
-

DECLARATION BY THE CANDIDATE

I hereby declare that all the information(s) furnished by me in this form is true and complete to the best of my knowledge & I bear the responsibility for the correctness of the above-mentioned particulars.

Date: Signature.....

Place: Name of the candidate.....

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FOR OFFICE USE

All Photocopies have been checked & verified with the original documents & found correct.

Signature.....

Name: