



BHARATIYA VIDYA BHAVANS

BHAVAN VIDYALAYA, NEW CHANDIGARH

Plot No. 4 Sector -13 (Phase -1), Omaxe , New Chandigarh

Website:- www.bhavanchd.com Email- bvb.newchandigarh@gmail.com

PERSONAL DATA

Affix Passport
Size Photograph

Date of Advertisement: _____ Post Applied for _____

1. Name (in Block Letters) : _____

2. Father's/Husband's Name : _____

3. Permanent Address : _____

_____ Phone : _____

4. Present Address : _____

_____ Phone : _____

5. E-mail : _____

6. Date of Birth : _____ Place of Birth : _____

7. State to which you belong : _____ Mother Tongue : _____

8. Marital Status : _____

9. EDUCATIONAL QUALIFICATIONS

Details to be given from High School onwards :

Exam/ Degree/ Diploma	Year of Passing	Name & Address of Institution	Board/ University	Specialization	Marks (in percentage) & Division

Honours, Scholarships _____

Publications and Papers presented _____

Training, if any _____

10. EXPERIENCE

Name & Address of the Organisation worked in	Duration	Designation Held	Job Responsibilities	Salary Details Including Benefits	Reason for leaving

Total Experience _____ years _____ month _____

11. Co-curricular activities excelled in :

12. Languages Known : _____
13. List your major Career Achievements _____

14. Why do you consider yourself suitable for this position _____

15. Your major strenghts _____

16. Are you pursuing any formal studies/courses ? Yes/No, If yes please elaborate : _____

17. Please give references of any two people you have worked with School/College/University, Principal etc.
- (a) Name _____
Designation _____
Official address _____

Tele. Nos. _____
- (b) Name _____
Designation _____
Official address _____

Tele. Nos. _____

18. **Attach Proof of Last Salary drawn**

19. **DECLARATION**

I certify that the above information furnished by me is true, correct & complete to the best of my knowledge and belief. If I am found to have concealed any material information or given any false information, my appointment shall be liable to summary termination, without notice or compensation.

(SIGNATURE OF CANDIDATE)

Date : _____

Place : _____