



## D.A.V. International School, Ahmedabad

Ahead of Vodafone Corporate House  
Makarba, Ahmedabad. 380051  
Phone No.: (079) - 4012 5555  
Email Id: info@davahmedabad.com  
Website: www.davahmedabad.net

Latest  
Colour  
Photo

### CANDIDATE PROFORMA 2024-25

<b>Name of the candidate:</b>													
<b>CBT Roll No.:</b>													
<b>Post Applied for:</b>													
<b>CTET Qualified : Yes / No</b>					<b>Level 1 :</b>					<b>Level 2 :</b>			
					<b>Year:</b>					<b>Year:</b>			
					<b>Percentage:</b>					<b>Percentage:</b>			
<b>Sex:</b>	M		F		<b>Date of Birth</b>	d	d	m	m	y	y	y	y
<b>Age:</b>					<b>Marital Status:</b>								
<b>Religion:</b>					<b>Category: SC / ST / OBC / General</b>								
<b>Nationality:</b>					<b>Mother Tongue:</b>								
<b>Address for Correspondence:</b>													
<b>Tel. No.</b>					<b>Mobile No.:</b>								
<b>Email:</b>													

#### Family Information

<b>Father's Name:</b>					<b>Occupation:</b>								
<b>Mother's Name:</b>					<b>Occupation:</b>								
<b>Spouse's Name:</b>					<b>Occupation:</b>								

#### Children's Details

<b>Name:</b>			<b>Age:</b>			<b>School:</b>				
<b>Name:</b>			<b>Age:</b>			<b>School:</b>				

**Educational Qualifications:**

Qualification	Year of Passing	Subject of Specialization	Full /Part time/ Distance Education	Name of the School/ College	Board / University	%

**Details of Extra Curricular Activities**(Mention the activity, role , level and outstanding results if any)

**Details of Work Experience:**

Name of the organization	Period	Designation	Classes taught	Subjects taught	Experience Certificate (Yes/No)

<b>Total Teaching Experience</b>	
<b>Other Professional Experience, if any</b>	

**Details of the last salary drawn and benefits:**

Salary drawn (Per annum)	
Other benefits (Per annum)	

Have you attended the interview earlier at DAV School? (If Yes, name the School)

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**Declaration**

I, \_\_\_\_\_ hereby declare that all the information furnished by me in this application is true to the best of my knowledge and belief. I will produce copies and/ or originals of the certificates as required at any time.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

- Please DO NOT attach with this form any certificates (Original or attested).
- Wherever you wish to provide more information, you may add extra sheets.