



web: www.stmaryspublicschool.org

email: stmaryskuruppampady@gmail.com

PH: 0484 2659896, 9447678755

APPLICATION FORM

POST APPLIED FOR	:	
NAME (As per the Birth Certificate)	:	
FATHER'S/HUSBAND'S NAME	:	
DATE OF BIRTH	:	_
SEX	: Male / Female	
MARITAL STATUS	: Single / Married	Please affix recent
RELIGION	:	passport size Photograph ——
CASTE/COMMUNITY	:	_
NATIONALITY	:	
MOTHER TONGUE	:	_
LANGUAGES KNOWN	:	
PRESENT ADDRESS	:	
		PIN
PERMANENT ADDRESS	<u> </u>	
		PIN
CONTACT TEL. No. WITH AREA CODE	:	
MOBILE No.	:	
E-MAIL ID	:	

EDUCATIONAL QUAL	IFIC	ATION								
Course		Subject		Board/ University		Year of Passing	% of Marks or Class obtained			
PROFESSIONAL QUA	LIF]	ICATION	I							
Course		Subject		Board / University		Year of	% of Marks or			
						Passing	Class obtained			
ADDITIONAL QUALI	FIC	ΔΤΙΩΝ/Ο	`ERTIFICA	TF	COURSES TE	ΔΝΥ				
	10/	Subject		1 -	Duration of Course		Year of	% of Marks or		
Course							Passing	Class obtained		
COMPUTER KNOWLE	:רוכו									
WORK EXPERIENCE	DOL	_	•,							
Name of							_	Responsibilities		
Institution/Firm		From To			Designation	5	Subject	Discharged		
PRESENT EMPLOYME	= ENT	IF ANY	:							
SPECIFIC TALENTS I	F Al	VY	:_							
			De	ocla	<u>ration</u>					
I hereby declare t						ie and	d correct to t	he best of my		
Place :										
Date :								Signature		
Date .										