

THE ENGLISH SCHOOL
Umm Al Quwain

Latest
Photograph

APPLICATION FORM FOR THE POST OF :

A. PERSONAL DETAILS

1.Name in full (Capital letters): _____
(As per the passport)

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

3.Date of Birth &Applicant's: _____
age on date of applying

4.Nationality : _____

5.Passport No.(copy encl.) : _____

Date of Issue : _____ **Date of Expiry:** _____

6.Visa Status(sponsored by): Father band School _____
(Tick the correct one)

7. Details of Sponsor : Name: _____
Tel.No(O) : _____ (M): _____

8. (a). Local Address { Any Change should be intimated in writing immediately }

Building Name/No. _____

Area : _____

Road : _____ P.O.Box : _____

Tel. No: (R): _____ (O): _____ (M): _____

(b).Permanent Address in India: _____

9. Health/Fitness Height : _____ Weight _____

Any Health Problem to : _____
declare _____

10. Any friend or relative worked / working in the School :

Name : _____ Relation : _____ From _____ To _____

Applicant's Signature: _____

Date: _____

B. (i) ACADEMIC RECORDS

No.	PG / Degree / Diploma	Year of Passing	Board / University	Subject of Specialization	% of Mark	Attestations From India, Home Dept/UAE Consulate / MOE
1.	Matriculation/Pre Univ.(XII)/Sen.Sec. (XII)					Indian Att. : Yes/No
						MOE : Yes/No
2.	B.A./B.Sc. with marks Stmt.(Final)					Indian Att. : Yes/No
						MOE : Yes/No
3.	M.A./M.Sc. with Marks Stmt.(Final)					Indian Att. : Yes/No
						MOE : Yes/No
4.	B.Ed./M.Ed./PG Dip/ Montessori Training from Recognized University/Institute With Marks Stmt.(Final)					Indian Att. : Yes/No
						MOE : Yes/No

(ii). WORK EXPERIENCE IN INDIA

No.	Institution's Name (in short)	From	To	Remarks	
				Subject	Class
Total Experience (in Years)					

(iii). WORK EXPERIENCE IN GULF COUNTRIES

No.	Institution's Name (in short)	From	To	Remarks	
				Subject	Class
Total Experience (in Years)					

Applicant's Signature: _____

Date: _____

(iv) ANY RELEVANT EXPERIENCE (Training/Workshops/Seminars Conducted/attended with supporting documents)

No.	Name of experience	Remarks

C. Specific activities interested in and will contribute to the school

No.	Name of Activity	Level of Attainment	Mention what way you can contribute to the school

**** Any entry in this form should be supported by the photocopy of the document. In the absence of documents, your claim will not be considered.**

This is to declare that all the information furnished above are true to the best of my knowledge and belief.

Name : _____ Signature: _____

Date: _____

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FOR OFFICE USE ONLY

1. **Preliminary Interview** conducted by _____ Desig _____

On _____ . **RESULT : PASSED** **LED**

2. **Demo Class Observation** by Education Committee on _____.

H.O.D/ Subject Expert : _____

Supervisor / Senior Team Leader : _____

RESULT : PASSED **FAILED**

Coordinator : _____

Verified & Approved By :

Principal

Date :

(School Seal)