THE ENGLISH SCHOOL

Latest

Photograph

Umm Al Quwain

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 Husband 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: \_\_\_\_\_\_\_\_\_\_\_

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**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: \_\_\_\_\_\_\_\_\_\_\_

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(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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_