

GITARATTAN INSTITUTE OF ADVANCED STUDIES & TRAINING

Block D, Pocket 15, Sector 7, Rohini, Delhi, 110085

APPLICATION FORM FOR RECRUITMENT

•	The application must be filled in English in the cand own handwriting	idate's
•	A recent passport size photograph must be pasted a	t the space
	provided duly attested by Gazetted officer or 1st Cla	ss
	Magistrate	
	THE POST APPLIED FOR:	
	NAME (IN BLOCK LETTER):	
	CORRESPONDING ADDRESS	
	PERMANENT	PRESENT
	TELEPHONE NO.:	MOBILE NO.:
	DATE OF BIRTH.:	
	AGE AS ON 31ST MARCH: YEAR	MONTH DAY
	DIACE OF BIRTH.	
	PLACE OF BIRTH: MARRIED / UNMARRIED /WIDOW/WIDOWER:	
	HARRILD / ORHARRILD / WIDOW/ WIDOWER:	

PARTICULAR OF ACADEMIC QUALIFICATION: (STARTING WITH MATRICULATION OR EQUIVALENT):-

S.NO.	SUBJECT	YEAR	DIVISION	PERCENTAGE OF MARKS	BOARD OF UNIVERSITY

S.NO.	SCHOOL	SUBJECT TAUGHT	JOINING DATE	LEAVING DATE	REASON OF LEAVING

MENTION THE L	ANGUAGES YOU CAN REA	D, WRITE AND SPEAK :-
READ	WRITE	<u>SPEAK</u>
1	1	1
2	2	2
3	3	3
4	4	4
CAN GUIDE THE	STUDENTS THE SAME?	
CAN GUIDE THE	STUDENTS THE SAME?	
NO. OF YEARS Y	STUDENTS THE SAME? OU HAVE STUDIED OTHER	
NO. OF YEARS YOF ENGLISH:-	STUDENTS THE SAME? OU HAVE STUDIED OTHER	SUBJECT THROUGH THE MEDIUM
CAN GUIDE THE NO. OF YEARS Y OF ENGLISH :- SUBJECT	STUDENTS THE SAME? OU HAVE STUDIED OTHER Y	R SUBJECT THROUGH THE MEDIUM
CAN GUIDE THE NO. OF YEARS Y OF ENGLISH :- SUBJECT 1.	STUDENTS THE SAME? OU HAVE STUDIED OTHER Y	SUBJECT THROUGH THE MEDIUM
CAN GUIDE THE NO. OF YEARS Y OF ENGLISH :- SUBJECT 1	STUDENTS THE SAME? OU HAVE STUDIED OTHER Y	SUBJECT THROUGH THE MEDIUM

NAME	AGE	EDUCATIONAL QUALIFICATIONS	OCCUPATION	PRESENT ADDRESS

GIVE NAMES & FULL ADDRESSES OF THREE REFERENCES (NOT RELATIVES)
FROM WHOM CONFIDENTIAL REPORTS ABOUT YOUR WORK, CHARACTER, AND
PERSONALITY MAY BE OBTAINED IF REQUIRED. ONE OF THESE MUST BE THE
HEAD OF THE INSTITUTE IN WHICH YOU ARE WORKING OR LAST WORKED.

REFERENCE I
NAME:
DESIGNATION:
MOBILE NUMBER :
EMAIL ADDRESS:
RESIDENTIAL ADDRESS:
REFERENCE II
NAME:
DESIGNATION:
MOBILE NUMBER :
EMAIL ADDRESS:
RESIDENTIAL ADDRESS:
REFERENCE III
NAME:
DESIGNATION:
MOBILE NUMBER :
EMAIL ADDRESS:
RESIDENTIAL ADDRESS:
I HEREBY DECLARE THAT THE ABOVE CONTENTS ARE CORRECT AND TRUE. LIST
OF THE ATTACHED ATTESTED TESTIMONIALS :-
I
2
3
4
5
Date: signature:

NOTE:- WRITE YOUR LIFE - SKETCH IN THE SPACE PROVIDED DESCRIBING FROM CHILDHOOD, YOUTH, FAMILY BACKGROUND AND NOTABLE ACHIEVEMENTS. ATTACH EXTRA SHEETS IF NEEDED.

LII	FE SKETCH

