

KLE School, Dharwad KIADB LAND, RAYAPUR

Phone no: 0836 2441971 Email: kle.dharwad@rediffmail.com

APPLICATION FORM

		Fo	orm No
	Personal Profil	le	
Full Name :			
Surname	Name	Middle Name	
Father's / Husband's Name : _			Affix Recent
	nale		Coloured Passport Sized
Present Occupation (Self):	10000000000000000000000000000000000000	Children of the Control of the Contr	Photograph
Father's / Husband's Occupation	on :		
Date of Birth : (dd/mm/yy)	Religion:	Cast :	
Marital Status :	No. of Children:	Other De	pendants :
Post Applied for :	~ AVAT FDI	ICATI.	
11/1/	Address:	MION	
Present Address		Permanent A	Address
	20 CIE	Y	
City: City:			
Phone (R) :	Pho	ne (O) :	
Email :			

: Educational Profile:

Complete Educational Qualifications:

Level	Degree	Stream	Medium	Year	%	Board / University	Main Sub.	Regular/ Correspondence
Professional								
Post Graduation								
Graduation								
Higher Secondary								
Secondary								
Any Other								

Preference of Subjects and class				1 Telefel	Preference in other areas of interest		
	Subject Class			Area	Level		
1							
2							
3							
Mir	nimum Expe	ected Consolid	lated Salary				
Sala	ary Drawn		<u> </u>				
			E E				
Tic	k skills / ac	tivities that y	ou can conduct	t or teach :			
	Yoga	☐ Indian C	lassical Music	□ NCC	☐ Public Speaking	☐ Dance	
	Aerobics	☐ Indian C	lassical Dance	☐ Elocution	☐ Story Telling	☐ Ceramics	
	Pottery		sical Dance	☐ Photography	☐ Cultural Act.	☐ Astronomy	
	 Craft	□ W / Class	Craft		☐ Environment	☐ Music	
	Sports (Spec	cify)				1	
Any	y other:		ave in computer	technology?	CATION		
Any Wh	y other:			SOCIETY			
Any Wh	other: at proficien	cies do you ha	(Begi	nning with most re	ecent)		
Any Wh Em	at proficien ploymen me of Organ	t Record:	(Begi	nning with most re			
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Any Wh Em Nar Add	at proficien ploymen me of Organ dress: ur Job Title	t Record:	(Begi	nning with most re	Phone No. : (me / Position :		
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	: References :	
Please indicate the name of	two persons who know you well but are not re	lated to you.
	1	2
Name :		
Designation:		
Organization:		
Address:		
Phone:)
	SOCIETY	
Date	Signature	Name in block letters

President