



SIR SIVASWAMI KALALAYA

'Sudharma', 5, Sundareswarar Street, Mylapore, Chennai 600 004.
(Managed by : The National Boys' and Girls' Education Society,
Mylapore) (Regd.) No. S 17/30-31 044-24641257, 24620712

Latest Passport
size photo

Name of the Candidate: _____ Gender: Male _____ Female _____

Date of Application: _____ Subject: _____

Application for the Post of Teacher / Administration (put a tick mark)

If Teacher:

Pre-Primary _____ Primary _____ Middle _____ Secondary _____ Senior Secondary _____

Personal Information:

Date of Birth: _____ Age in Years _____

Married _____ Unmarried _____ Divorcee _____ Widow _____

Father's Name: _____

Husband's Name: _____

Residential Address: _____

Phone Number: Res: _____ Mobile: _____

Email ID : _____

Particulars of Employment of Father / Husband:

Name of the Organization: _____

Designation: _____

Office Address: _____

Phone Off: _____

Mobile: _____

Educational Qualification: _____

Educational Qualification	Year of Passing	Regular / Correspondence	Full Name of College / Institute & City	Subjects Studied	Class / Percentage

Experience: (write from latest to last employment)

Name of the School / Institution / City	Month & year of joining	Month & Year of leaving	Period of Service Years / Months	Status of Employment (Temporary / Confirmed)	Classes handled	Subjects handled	Reason for leaving

Total Experience till date: Years _____ Months _____

Fresh graduates who have done projects / with good communication skills can also apply

Mention the classes and subjects you can handle beyond the areas of your specialization:

I-V	VI-VIII	IX & X	XI & XII

Achievements:

Academics: _____

Co-curricular: _____

Special Interests: _____

Languages Known:

To read: _____

To write: _____

To speak fluently _____

Latest Salary Drawn Rs.: _____

Expected Salary Rs.: _____

If Selected, how much time would you require to join: _____

Reference of previous employer or an academician (other than relatives). Please furnish complete information:

a. Name of the Person: _____

b. Name of the Person: _____

Name of the Organization: _____

Name of the Organization: _____

Designation: _____

Designation: _____

Office Address:

Office Address:

Phone No.: (O) _____ (R) _____ Phone No.: (O) _____ (R) _____

Mobile No.: _____

Mobile No.: _____

E-mail I.D.: _____

E-mail I.D.: _____

Information acquired through Advertisement / references (put a tick mark)

Signature of the Applicant: _____

Note:

The original certificates and testimonials should be produced at the time of interview.