



# ASSURISE COLLEGE OF EDUCATION & MANAGEMENT

AN ISO 9001-2015 CERTIFIED ORGANIZATION COLLEGE

Approved by : Under Government of India

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## TEACHER APPLICATION FORM

DATE \_\_\_\_\_  
DD/MM/YYYY



PHOTO

POST APPLIED FOR \_\_\_\_\_

CLASSES TAUGHT \_\_\_\_\_

SUBJECTS /SPECIALIZATION \_\_\_\_\_

1. FIRST NAME \_\_\_\_\_ MIDDELE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

2. ADDRESS FOR COMMUNICATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
TEL NO. ( R) \_\_\_\_\_

E-MAIL \_\_\_\_\_ MOBILE NO \_\_\_\_\_

3. DATE OF BIRTH ( DD/MM/YYYY) \_\_\_\_\_ 7. MARITAL STATUS \_\_\_\_\_

5. QUALIFICATION \_\_\_\_\_

(I) FATHER'S/HUSBAND'S NAME \_\_\_\_\_ (II) ORANISATION \_\_\_\_\_

(III) DESINGNATION \_\_\_\_\_ (IV) MOBILE \_\_\_\_\_

7. PRESENT/LAST EMPLOYMENT  
NAME & ADDRESS OF / COLEGE/INSTITUTE/ORGANISATION \_\_\_\_\_

8. DATE OF JOINING \_\_\_\_\_ DESIGNATION ON JOINING \_\_\_\_\_

9. PRESENT POT \_\_\_\_\_ DATE APPOINTED TO PRESENT POT \_\_\_\_\_

10. TEACHING EXPERIENCE \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

11. PLEASE NAME THE ACTIVITIES WHICH YOU CAN TRAIN STUDENTS \_\_\_\_\_

### DECLARATION

IHEREBY CERTIFY THAT THE PARTICULARS FURNISHED ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE NOT CONCEALED ANY INFORMATION LIKELY TO IMPAIR MY FITNESS FOR EMPLOYMENT. IF IT IS REVEALED LATER THAT I HAVE GIVEN FALSE DETAILS OR CONCEALED INFORMATION, MY SERVICES SHALL BE LIABLE TO TERMINATION WITHOUT ANY NOTICE OR COMPENSATION

IF SELECTED, I SHALL PRODUCE:-

QUALIFICATION CERTIFICATE FROM RECOGNISED PRACTITIONER AND  
EXPERIENCE CERTIFICATE FROM MY LAST EMPLOYER.

FORM FEE : 650/-

DATE

PLACE

SIGNATURE OF APPLICANT