

## DWARKA INTERNATIONAL SCHOOL

Sector-12, Dwarka, New Delhi-110 075
Phones: 011-4566 5555, 4566 5430 (7Lines)
E-mail: feedback@dwarkainternationalschool.com

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. Name	of the Candidate			-xx-					1,011-1
Mr./N	Ars.						1		
Date	of Birth	TI							
in wo	ords								
Perma	anent Address	III		T	II			П	
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Ш							Pin		
Telep	ohone No			any other	contact T	elephone f	lo		
Marit	al Status								
	arried, No. of children	with their ag	e						
Fathe	er's Name Mr.								
Husba	and's Name Mr.								
Qualif	fication of Father/Hus	band							
a)	Designation								
b)	Office Address (with	Phone No.) .							

Name of the Examination	Name o School/C		Board/ University	Year Passi	CONTRACTOR OF THE PARTY OF THE	sion/ ade	Sub	jects	Medium of Instruction	Aggregate Percentag of Marks
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. Total length	of experie	nce	years	1	Months					
O. PUBLICAT	rions : (Bo	iok / Research	paper / Article	1			_		_	
Attach a photo	copy of th	e publication,	if possible)							
			STRATIVE EX	PERIE	VCE :					
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	Level of Participation	Achievement	Remarks
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Section 1			
3. GAMES AND SPORTS :			
Name of the Game	Level of Participation	Achievement	Remarks
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	idential Address, Telephone No. and De		
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5. Any other special qualificat			
	rons / demovements .		
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17. Please write in brief (100 words) how you propose to improve teach	hing of your main subject.
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ECLARATION :	
est of my knowledge and belief. I also undertake to assure you that I will	
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est of my knowledge and belief. I also undertake to assure you that I will	not leave the job, if employed, during the academic session.
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DECLARATION:	not leave the job, if employed, during the academic session.  Signature of the Candidate
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do hereby solemnly declared to assure you that I will oin my duty w.e.f	not leave the job, if employed, during the academic session.  Signature of the Candidate