



THE INDIAN HIGH SCHOOL

P.O. Box : 106, DUBAI, United Arab Emirates
 Tel : Main Campus : +9714 - 337 7475
 Fax : Main Campus : +9714 - 335 8851
 email : indiansc@emirates.net.ae
 web : http://www.indianhighschooldubai.org



Post Applied for

Code No ↓

Subject ↓

Ref. No. : _____

PRE-PRIMARY / PRIMARY / MIDDLE / SECONDARY / SENIOR

APPLICATION FOR EMPLOYMENT

1. FULL NAME : _____

2. DATE OF BIRTH : _____ Age as on 1st April of the Current Year Y _____ M _____

3. MARTIAL STATUS : _____

4. NATIONALITY : _____ 5. RELIGION : _____ 6. SEX : _____

7. PRESENT ADDRESS _____

(for Communication) : _____

8. PERMANENT ADDRESS : _____

9. IN CASE OF RESIDENCE IN UAE, _____

SPONSOR'S NAME & ADDRESS : _____ TEL. NO.: _____

a. RESIDENCE / EMPLOYMENT VISA VALID UPTO : _____

b. REASON FOR LEAVING, IF EMPLOYED : _____

c. WHETHER N.O.C FROM PRESENT EMPLOYER IS OBTAINED : _____

10. EDUCATIONAL QUALIFICATIONS (Photocopies of the certificates must be enclosed)

DEGREE / DIPLOMA	BOARD / UNIVERSITY	YEAR	CLASS OBTAINED	SUBJECTS OFFERED

11. Medium of Instruction : School Level _____ College Level _____

12. EXPERIENCE

S. No.	SCHOOL / COLLEGE / COMPANY	PERIOD OF EMPLOYMENT _____ TO _____	TOTAL SERVICE	SUBJECTS	SUBJECTS & CLASS CLASSES TAUGHT
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Note : The selected candidate will not be allowed to join the school, unless an N.O.C is presented from the presen employer.

13. IF CAPABLE OF ORGANISING EXTRACURRICULAR ACTIVITIES, PLEASE GIVE DETAILS OF QUALIFICATIONS / ACHIEVEMENT

ACTIVITY / HOBBY	QUALIFICATIONS / ACHIEVEMENTS

14. LANGUAGES KNOWN READING
 (PLEASE UNDERLINE MOTHER TONGUE) SPEAKING
 WRITING

15. SKILLS ACQUIRED, IF ANY

16. CERTIFICATE / COURSES IN COMPUTERS

17. HEALTH : DO YOU SUFFER FROM ANY CHRONIC DISEASE?

IF SO, GIVE DETAILS:

ANY OTHER FACT(S) YOU WOULD LIKE TO BRING TO THE NOTICE OF THE MANAGEMENT:

(Such as, Family background, No. of dependants, UAE Driving Licence, etc. (A brief note may be attached, if this space is not sufficient).

18. PASSPORT PARTICULARS (EXACTLY IN CONFORMITY WITH THE PASSPORT)

NAME :

PASSPORT NO.: ISSUED AT ON

DATE OF EXPIRY :

DATE

APPLICANT'S SIGNATURE