

TRINITY INSTITUTE OF PROFESSIONAL STUDIES
 Sector-9, Dwarka Institutional Area (Adjacent to Metro Pillar No. 1160)
 New Delhi 110075
 Ph.: 011-25072239, 011-45636921/22/23/24 Fax: 011-45636925,

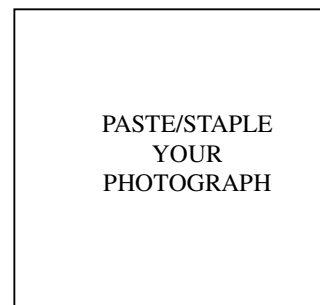
POST APPLIED FOR : _____

NAME : _____

DATE OF BIRTH : _____

RESIDENTIAL ADDRESS: _____

PHONE NOS.: _____



MARRIED

UNMARRIED

HUSBAND/ WIFE/ FATHER'S NAME: _____

EDUCATION QUALIFICATION (Starting from X)

DEGREE/EXAM	SCHOOL/COLLEGE/UNIVERSITY	SUBJECTS	YEAR OF PASSING	% OF MARKS	DIVISION

PROFESSIONAL /TECHNICAL QUALIFICATION (Starting from higher level)

QUALIFICATION	SCHOOL/COLLEGE /UNIVERSITY	SUBJECTS	YEAR OF PASSING	% OF MARKS	DIVISION

LANGUAGES KNOWN (Please Write Average, good or excellent whatever applies in each column)

LANGUAGE	READ	WRITE	SPEAK
ENGLISH			
HINDI			
ANY OTHER FOREIGN LANGUAGE			

EXPERIENCE (if any) (Starting From Present / Last Employer):

POST HELD	INSTITUTION/ COMPANY	SUBJECT/CLASS TAUGHT	PERIOD(FROM ___to___)	CONSOLIDATED SALARY/PAY SCALE	REASON FOR LEAVING

Please attach extra sheet as Annexure I (if required).

CO-CURRICULAR & CO-ACADEMIC ACTIVITIES /OTHER ACHIEVEMENTS/INTERESTS

Please attach extra sheet as Annexure II (if required).

REASONS WHY YOU WISH TO JOIN OUR INSTITUTION

SALARY EXPECTED : _____

Did you attach the following documents? Please mention.

Date of Birth: YES NO **Educational Qualification** : YES NO

Professional / Technical Qual.: YES NO **Experience** : YES NO

DECLARATION:

I hereby declare that all the details mentioned above and in my supporting documents are true to the best of my knowledge and belief and I have not concealed anything therein.

DATE:

(SIGNATURE OF THE CANDIDATE)