

CORPORATE EDUCATIONAL AGENCY OF SCHOOLS ARCHEPARCHY OF KOTTAYAM

APPL
No.

APPLICATION FORM

Photo

1. Name of the Applicant (Block letters) :
2. Date of birth as in S.S.L.C. Book (in figure) :
(in words) :
3. Sex : Male ☐ Female ☐
4. Contact No. :
5. Mail id :
6. Educational Qualifications :
7. Professional Qualifications - CTET, KTET, SET, MPhil, MEd, PhD., NET :
8. Category of post applied for LPSA/UPSA/
HSA/HSST/ Non Teaching :
9. Subject :
10. Whether corporate claimant: 51 A/Compassionate employment (Attach copies)
11. Place and District of birth :
12. Religion with Community/Caste :
13. Parish and Diocese (Catholics only) :
14. Communication Address Permanent Address
.....
.....
.....
15. Marital Status : Single ☐ Married ☐
17. Details of physical defects (if any) :
18. Achievements in Sports/Games/Arts
(State level participation or above) :
19. Give details of close relatives (Father/Mother/ Husband/Wife/Brother/Sister) who have worked/ are working
in Schools/Colleges under the Corp. Ednl. Agency, Kottayam

Sl. No.	Name	Relation	Name of the Institution Working

20. Details of examinations passed and appeared (SSLC and above, attach self attested copies)

Exams Passed/appeared	Subjects Main/Sub	Years of study	Year of passing	Percentage of marks	Name and address of the Schools/Colleges

21. Details of Family Members

No.	Name	Relation	Occupation	Name of the Institution working/studying

22. Details of employment/responsible positions (past and present)

No.	Name of the institution	Designation	From - To	Reason for leaving

DECLARATION

I,.....while submitting the above application, do hereby declare that the particulars given above are true and that, if appointed, I shall co-operate positively with the management in the promotion of the noble aims and shall never teach either by word or example, anything prejudicial to the teachings of the Catholic Church; I shall conduct myself in true nobility, sincerity and religiosity.

Place

Date

Name and Signature of the applicant