

Application No.	
	(for office use only)

Date:	

## **NAVAL KINDERGARTEN**

Navy Nagar, Chennai - 600009

## **APPLICATION FORM**

	ior Education Officer (SEDC Adyar,	(Accountant	/ Clerk)		Paste your latest colour photo
	una Salai, Chennai – 60000	9			
	Sub:				
		(specify the post ap	plied for)		
1. 2.	Full Name in Block Letters Present Address:				
	Mobile No.:	Alte	ernate No.:		
3.	Permanent Address:				
1.	Mother Tongue:	E	mail id:		
5.	Date of Birth:	A	ge:	Years	Months
			(as on 01 Jul	y 2025)	
3.	Language Known:				
	<u>Languages</u>	To Read (Yes/No)	To Write (	(es/No)	To Speak (Yes/ No)
	English				

## 7. Educational Qualification:

Hindi

<u>Sr.</u> No.	Qualification	Year of Passing	Name of school/ College	Name of University	Marks(%) Obtained	Division
(a)	X					
(b)	XII					
(c)	Graduation					
(d)	Post Graduation					

## 8. **Professional Qualification:**

Sr. No.	Qualification	Year of Passing	Name of school/ College	Name of University	Marks(%) Obtained	<u>Division</u>
(a)						
(b)						
(c)						
(d)						

9. Computer Knowledge:

<u>Sr.</u> No.	<u>Course</u>	Good (Yes/No)	<u>Fair</u> (Yes/No)	<u>Very Good</u> <u>(Yes/No)</u>	Excellent (Yes/No)
(a)	Ms Word				
(b)	MS Excel				
(c)	MS Power Point				

10.	Typing Speed: _	wpm	(in English)
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	Present Experience				_			1
<u>Ser.</u>	Name of School/ Firm	<u>Designation</u>	<u>From</u>	<u>To</u>	_	eason for eaving	Full address & Contact No. of Employer	Last Salary Drawn (Permonth)
	ast Experience wi							
Ser.	Name of School/ Firm	Designation	n From	1 1	<u>'o</u>	Reason for Leaving	Contact No. of	Salary Drawn (Per month)
i. S 5. R	Salary Expected (pe References / Nam Contact No.:	r month) : ne:				Desig	nation:	
6. P	Personal Particulars (a) Marital Status:	:						
	r's / Spouse Name Personal No.							
	f Father / Spouse							
	oation of Father / Sp	nouse						
	e No. / Landline No							
<u>'</u>	Office Address o	f Father /						
	(b) No. of Children			·				
Sr. No	o. Full Name of t	he Child	Gende	<u>r Ag</u>	<u>e</u> :	Studying i	n (Name of School	<u>&amp; Address)</u>
7. V	Vhether you are suf	fering from any	/ illness /	allergy	/ ar	ny medical	issues (If Yes – Plea	ase provide
8. P	etails) Professional Course nclose):						reciation Letters. (If	any please
19. V	Vrite about yourself							
20. H	dow long (no. of yea	ire) can voluvo	rk at echo	ol (if so	alect	ed)		
21. Ir	nformation of vacan	cy was known t	from				Friends / WhatsApp)	
	any personal issues Can you join immedi		pecify:					

24. 25.	I am ready to provide original DOB / Graduation passing certificate acknowledgement receipt)	(Write yes and sign).
26.	Do you have a valid Driving license: Two Wheeler () Four Wh	neeler () Both ().
hidde	eby certify that the above information provided are correct to the best en any information, I fully understand this Job is Non-Governmental ound false at any stage then I shall be liable to be terminated withou	. If particulars mentioned by me
Date	·	
	e:	(Candidate Signature)
Pleas	se attach Xerox copies of the following along with the original applica a) Class X & XII mark sheet b) Graduation passing certificate c) Diploma d) All experience certificates e) DOB Certificate f) Address Proof g) ID Proof (Pan card / Aadhar Card / Driving certificate) h) Passport size colour Photo (three copies) in an envelope	ation form.
		Verified by: