



VSKD GROUP OF INSTITUTIONS

Sarvan Khara, Kanpur Dehat – 209121 Cont. No. 05111-299155, 8052280001
Website: www.vskdgi.edu.in Email id: principal@vskd.in

Staff Requirement Form

Employee Code: _____

Apply for the Post: _____

Applicant's name: _____

Gender: _____ Date of Birth: ____ / ____ / ____ Blood Group: _____

Category: _____ Physically Challenged with Spl. Needs: NO / YES

Religion: _____ Aadhar Card no. _____

Marital Status: Un-married / Married / Divorced Mobile No (For SMS): _____

WhatsApp No (If any): _____ Email id: _____

Mother's name: _____ Occupation: _____

Mobile No. _____

Father's / Husband's name: _____

Occupation: _____ Mobile No. _____

Name & Address of Guardian (If any): _____

Permanent Address: _____

City: _____ State: _____ Pin Code: _____

Corresponding Address (If any): _____

Declaration by the Applicant

मैं घोषणा करता / करती हूँ कि मेरे द्वारा दी गयी उपर्युक्त सूचना मेरी जानकारी में सत्य व सही है।

I hereby declare that the above information by me is correct to the best of my knowledge & belief.

मैं विद्यालय के नियम से प्रतिबद्ध रहूँगा / रहूँगी . I shall abide by the rules of the school.

Joining Date: _____

Form Submission Date: _____

Applicant's Signature

Note: Kindly attach your Aadhar Card, Resume (Optional) & Employee Bond with this Form.