



# VSKD GROUP OF INSTITUTIONS

Sarvan Khara, Kanpur Dehat – 209121 Cont. No. 05111-299155, 8052280001  
Website: [www.vskdgi.edu.in](http://www.vskdgi.edu.in) Email id: [school@vskd.in](mailto:school@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: Unmarried / 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.**