



Sunbeam Group of Educational Institutions

Bhagwanpur, Annapurna, Lahartara, Varuna, Indira Nagar, Suncity, Sarnath- Varanasi

Updated dt. 29.06.2022

Date

Form No.

Teaching Staff

FINAL REMARKS (for office use only)

Appointed as _____ for Junior / Senior / Middle / College / Office / Hostel

With effect from _____ Pay details _____

(Sign. of the Authority)

Candidates are requested to fill up the following details

Name : **DOB :** **Age:** **Sex:**

Application for the post of (PGT/TGT/PRT/KG/Academic Head/Activity Inch/Coordinator)

Subjects **Class**

Paste your
recent
passport
size
photograph

1. **If given a chance, I am ready to serve as :**

1. Administrator : Post _____
2. Asst. Teacher : Subject _____ Class _____

2. **Choice of Institutions** (in order of preference) :

- a) Sunbeam Annapurna b) Sunbeam Bhagwanpur c) Sunbeam Indira Nagar
- d) Sunbeam Lahartara e) Sunbeam Sarnath f) Sunbeam Suncity g) Sunbeam Varuna
- h) Sunbeam College for Women Bhagwanpur i) Sunbeam Women's College Varuna
- j) Associate Sunbeam School at

3. **Father's/Husband's Name:** **Profession**

4. **Contact No.:** Land line: Mobile e-mail:

5. **Residential Address :**

6. **Address for correspondence :**

7. **Marital status :**

8. **Children:**

Sl. No.	Name	Age	Name of the school where the child is studying

9. **Educational Qualifications :**

Sl.no	Examination	Name of School/College	Board/ University	Year of Passing	Medium of study	% age	Subject

10. **Professional Qualifications :**

Sl.no	Examination	Name of School/College	Board/ University	Year of Passing	Medium of study	% age	Subject
1	N.T.T.						
2	D.El.Ed./BTC						
3(a)	B. Ed.						
(b)	Teaching subject & Specialisation in B.Ed.						
4	M. Ed.						
5	M.Phil/Ph.D						
6	Others						

11. **Pursuing Professional Qualification**

Sl.no	Examination	Name of School/College	Board/ University	Year of Passing	Medium of study	% age	Subject
1	N.T.T.						
2	D.El.Ed./BTC						
3(a)	B. Ed.						
(b)	Teaching subject & Specialisation in B.Ed.						
4	M. Ed.						
5	M.Phil/Ph.D						
6	Others						

12. **Working Experience :**

Name of the Institution	City	Duration	Class taught	Subject taught	Reason for leaving

13. Knowledge of Computer Details.....
14. Last salary drawn (per month) Expected salary (per month)
15. **Special Achievements (Co-curricular/sports) :**

Year	Event	Achievement

15.Hobbies / Interest

Interview Report
(to be filled in by the School / College authorities)

1. Interviewer's opinion
 i) Subject knowledge: ii) Personality :
 iii) Communication skill :
 iv) Overall assessment
 v) Remarks :

2. Called for the demonstration on : Date : Time:
 Class : Subject :

.....
Signature of the Principal / Director

Demonstration Report (OFFLINE)

(To be given by concerned teacher)	(To be given by Admin In-charge)
Subject: Topic: Class: Date: Time:	Subject: Topic: Class: Date: Time:
1.Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Can be inducted on trial <input type="checkbox"/> Rejected <input type="checkbox"/>	1.Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Can be inducted on trial <input type="checkbox"/> Rejected <input type="checkbox"/>
2.Subject Knowledge <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 3.Class control <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 4.Confidence on board <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	2.Subject Knowledge <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 3.Class control <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 4.Confidence on board <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
5. Language & Presentation <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 6. Interaction with students <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	5. Language & Presentation <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 6. Interaction with students <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Any other remarks:	Any other remarks:
Name/Sign. of the concerned teacher _____	Sign. of admin incharge _____

Demonstration Report (ONLINE)

(To be given by concerned teacher)	(To be given by Admin In-charge)
Subject: Topic: Online platform used Class: Date: Time:	Subject: Topic: Online platform used Class: Date: Time:
1.Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Can be inducted on trial <input type="checkbox"/> Rejected <input type="checkbox"/>	1.Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Can be inducted on trial <input type="checkbox"/> Rejected <input type="checkbox"/>
2. Technical knowledge about apps <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 3.Online etiquettes followed <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	2. Technical knowledge about apps <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 3.Online etiquettes followed <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
4. Language & Presentation <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 5.Class control <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	4. Language & Presentation <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 5.Class control <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
6. Interaction with students <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 7. Handling questions & chats <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	6. Interaction with students <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> 7. Handling questions & chats <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Any other remarks:	Any other remarks:
Name/Sign. of the concerned teacher _____	Sign. of admin incharge _____

Panel Interview Report

Subject knowledge

Communication skills

Presentation

Sign. of Admin (Heading Interview Panel)

Please express your views on the following topic

Grade: _____

Name/Sign. of the concerned teacher _____

Response Sheet

Name: _____ Contact no. _____

Post applied for : _____ Subject _____ Class _____

Subject Knowledge

Topic . _____

Grade/Marks: _____

Corrected by: _____

(Please put in full signature)

Date: _____