



**VISHWA BHARATI DEGREE COLLAGE  
RAINAWARI, SRINAGAR**

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Self  
Attested  
Passport  
size  
Photograph

**APPLICATION FOR THE POST OF PRINCIPAL**

**PART ONE: PERSONAL INFORMATION**

1. Name (Block Letters) \_\_\_\_\_
2. Gender : Male  Female  Others
3. Religion  4. Mother Tongue
5. Marital Status Married  Unmarried  Divorced  Widowed
6. Qualification \_\_\_\_\_
7. Date of Birth Date  Month  Year
8. Residential Address:  
a. Permanent Address: .....  
.....  
b. Present Address: .....  
.....
9. Details of Parents & Spouse:(with Proof):

Details	Mother	Father/ Guardian	Spouse
Name:			
Educational Qualification:			
E-mail:			
Occupation:			
(i) Designation			
(ii) Department (Govt./PSU/Self /Pvt.)			
(iii) Name of Office			
Official Address:			
Office Contact Number:			
PAN No.			
Annual Income			



(Give details of Institutions where you have worked from the latest to first )

**PART THREE : TEACHING/ADMINISTRATIVE EXPERIENCE**

S. No.	Institution	Post Held	Period		Classes Taught	Salary Drawn	Reason for Leaving
			From	To			

1. a) Total Teaching Experience                      Years                       Months   
    b) Total Administrative Experience              Years                       Months
2. Any Special Achievement Worth highlighting \_\_\_\_\_  
(e.g. Result in Academics, Competitions etc.) \_\_\_\_\_
3. Other Duties and Responsibilities held (attach sheet if necessary)
4. Computer proficiency you are familiar with \_\_\_\_\_

**PART FOUR : OTHER INFORMATION**

1. Details of Seminars / Conferences participated in (with duration)
  - I. \_\_\_\_\_
  - II. \_\_\_\_\_
  - III. \_\_\_\_\_
  - IV. \_\_\_\_\_
2. Membership of any Library /Society/Organisation (National/International)
  - I. \_\_\_\_\_
  - II. \_\_\_\_\_
3. Proficiency in
  - I. Sports
  - II. Co-Curricular Activities
4. Hobbies and interests
  - I.
  - II.
  - III.

5. If involved in any case?  
(Give details of disposed off or pending litigation) \_\_\_\_\_
6. Do you take private tuitions? Yes  No
7. Any Management Member of Vishwa Bharati known to you Yes  No   
If yes, relation: \_\_\_\_\_
8. Does any of your relation work in any of our institutions. If yes, give details \_\_\_\_\_
9. Have you applied/worked in any unit of VBPS before Applied : Yes  No   
Worked: Yes  No   
Not selected: Yes  No
- If selected, state reason for not joining/leaving \_\_\_\_\_  
\_\_\_\_\_
10. Salary expected per month Rs. \_\_\_\_\_
11. Name, designation, address and Tel .No of two references (Not related to you)
1. \_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Ailment if any (Tick mark if any of these is applicable /cross if not applicable)
- Blood Pressure  Diabetes  Allergy   
Asthma  Cardiac  Any other give details
13. If selected how much notice do you require? (State Period) \_\_\_\_\_

I hereby declare that the information furnished above is true. In case any statement is proved concealed or incorrect at any point of time, I shall be liable to such action as the management of the institution deems proper.

Date of application \_\_\_\_\_

\_\_\_\_\_  
Signature of Candidate

**Withholding of any information shall lead to disciplinary action.**

**PART FIVE**

List of enclosures: Self Attested copies of

- |   |                          |
|---|--------------------------|
| 1. All Academic and Professional Certificates (Mark Sheet and Degrees)                            | <input type="checkbox"/> |
| 2. Experience and Conduct Certificate from Heads of Institutions served previously.               | <input type="checkbox"/> |
| 3. Medical Certificate of fitness from Govt. CMO/Govt. Hospital                                   | <input type="checkbox"/> |
| 4. Other Certificates in support of your claim about proficiency in Co-Curricular Activities etc. | <input type="checkbox"/> |
| 5. Two latest Passport size Photographs<br>(one to be pasted on form and one to be attached)      | <input type="checkbox"/> |

**Note:- Incomplete application will not be considered**

**(FOR OFFICE USE)**

- |                                 |                                 |                                 |
|---------------------------------|---------------------------------|---------------------------------|
| • Entrance Test<br>Marks: _____ | Call <input type="checkbox"/>   | Reject <input type="checkbox"/> |
| • Preliminary Interview         | Call <input type="checkbox"/>   | Reject <input type="checkbox"/> |
| • Final Interview               | Select <input type="checkbox"/> | Reject <input type="checkbox"/> |

**Dated:**

**Signature of Secretary**