



# St. John's High School, Chandigarh

(Recognised and Affiliated with CBSE, New Delhi)

Sector 26, Chandigarh-160019, Phone : 0172-2792571, Fax No. 0172-2793291

E.Mail : stjohschandigarh@gmail.com

## APPLICATION FORM FOR ACCOUNTANT

Name : .....

Gender : Male  Female

Marital Status : Married  Unmarried

Father/Husband's Name : .....

D.O.B. (to be supported with Class X Certificate) : .....

Nationality : .....

Religion : .....

Schedule Caste/Tribe : Yes  No

Permanent Address : .....

.....

..... PIN

Tel. (Resi.)..... Mobile .....

E.mail.....

No. of Children and ages : .....

(Please Specify boys/girl)

Is any Child studying in : .....

St. John's,? (If yes, please specify which class)

Are you related to any member of St. John's? : .....

Current Employment Status, If Yes : .....

a) Name and Address of Workplace : .....

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b) Notice period required at current workplace : .....

c) Current Salary : .....

Designation at the last/current workplace : Asst. Accountant  Accountant  Admn. Staff

Any other (Please specify) .....

### Educational Background :

Year	Qualification	Name of the Insti./ Univ./Board	Place of Insti./Univ.	Subjects	Marks & Div.
	Class X				
	Class XII				
	B. Com.				
	M. Com				
	Professional Certificate				

Other qualifications/courses : .....

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**Work/Job Experience :** *(Begin with the current year topmost, please)*

Year	Institution /Organization	Designation	Work Profile/Responsibilities

Hobbies/interests/any other information you wish to communicate : .....

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Medical History : .....

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References *(Two names required)*

<u>Ref</u>	<u>Name</u>	<u>Occupation/Position</u>	<u>Address with Contact Number</u>
1.	.....	.....	.....
2.	.....	.....	.....

1. Please attach attested copies of your degree/certificate and testimonials.

2. If an applicant knowingly and willingly furnishes incorrect or false particulars or suppresses material information, he/she will be disqualified; and if appointed, will be liable to dismissal from service without notice.

KINDLY NOTE :

In case of your being appointed the following documents are required to be submitted prior to joining.

- i. Medical certificate of fitness from Govt./Registered Medical Practitioner
- ii. No Objection Certificate from the present employer.

To be written **BY HAND**

**I want to Join St. John's because**

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Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature**