



THE GANDHI MEMORIAL
INTERNATIONAL SCHOOL

Jl. H.B.R. Motik, Komplek Kota Baru
Bandar Kemayoran Blok D6, Kav. 1, Jakarta Pusat 10630
Tel. (62-21) 658 656 85

RECENT
PHOTOGRAPH
TO BE
PASTED HERE

PERSONAL DATA FORM

- 1. Please type, or fill in using BLOCK letters.
- 2. Please answer all questions completely.
- 3. If necessary, please attach an additional sheet in order to add any additional information that may be relevant.
- 4. Please do not attach certificates and testimonials.

NAME: FIRST NAME MIDDLE NAME SURNAME

POST APPLIED FOR:

1. ADDRESS FOR COMMUNICATION	2. PERMANENT ADDRESS
TEL.NO.	TEL.NO.
E-MAIL ADDRESS:	E-MAIL ADDRESS
FAX NO.	FAX NO.
3. BIRTH DATE	4. BIRTH PLACE
5. RELIGION:	6. HEIGHT CM WEIGHT KG
7. MARITAL STATUS: MARRIED / DIVORCED / SINGLE / WIDOWED	
(Attach Marriage Certificate)	
8. NATIONALITY	9. DOMICILE

EDUCATIONAL RECORD

Where did you get your schooling?

What was the medium of instruction in your school?

GRADE	SUBJECTS STUDIED	BOARD OR UNIV	YEAR	RANK OR AGGREGATE	YOUR REMARKS
10					
12					
B.A. B.Sc. B.Com.					
TRAINING					
MASTER					

PROFESSIONAL QUALIFICATIONS HELD: (CERTIFICATES, DEGREES, DIPLOMAS, ETC.)

INSTITUTE & LOCATION	PROFESSIONAL COURSE & SKILL ATTAINED	YEAR	COURSE DURATION

EMPLOYMENT RECORDS

DETAILS OF EXPERIENCE:
(STARTING WITH YOUR PRESENT EMPLOYMENT AND WORKING BACKWARDS)

NO	YEAR&MONTH		NAME&LOCATION OF INSTITUTION	DESIGNATION	BRIEFDESCRIPTION OF DUTIES AND	REASONFOR CHANGE
	FROM	TO				
1.						
2						
3.						
4.						
5.						
6.						
7.						
8.						

1. DETAILS OF PARENTS: (NAME, AGE, CAREER, ETC.)

FATHER	MOTHER

2. EDUCATIONAL QUALIFICATIONS OF SPOUSE:

Academic Degrees / Certificates, Etc.	Professional Qualifications / Skills

3. EMPLOYMENT DETAILS OF SPOUSE:

ORGANISATION	DESIGNATION	INCOME P.A.

4. DETAILS OF CHILDRENS: (ATTACH COPY OF BIRTH CERTIFICATE, IN ENGLISH)

NAME	SEX	AGE	EDUCATION	PROFESSION / FUTURE PLANS

5. OTHER DEPENDENTS:

NAME	RELATIONSHIP	SEX	AGE	REASONS FOR DEPENDENCE

6. DETAILS OF PERSONAL PHYSICAL DISABLITIES, IF ANY:

ITEM	CONSEQUENCE

7. HOBBIES AND SPECIFIC INTERESTS:

ITEM	REMARKS

8. MEMBERSHIP OF SOCIAL, CULTURAL, RELIGIOUS, OR POLITICAL ORGANISATIONS:

NAME OF ORGANISATION

9. DETAILS OF HONOURS AND SCHOLARSHIPS DURING EDUCATIONAL CAREER:

ITEM	DESCRIPTION

10. DETAILS OF HONOURS AT SPORTS / CO-CURRICULAR ACTIVITIES DURING SCHOOL / COLLEGE:

ITEM	DESCRIPTION

11. DETAILS OF PRACTICAL, ON THE JOB TRAINING, DURING EDUCATIONAL CAREER:

ORGANISATION	TRAINING TENURE	DETAILS

12. DETAILS OF ANY ORIGINAL PAPERS OR THESE PRESENTED BY YOU:

ITEM	DESCRIPTION

13. MEMBERSHIP OF PROFESSIONAL INSTITUTES / ASSOCIATIONS:

NAME OF ASSOCIATION	MEMBER/ASSOCIATIONSINCE(DATE)	NATURE OF ASSOCIATION

14. LANGUAGES KNOWN:

LANGUAGE	FLUENCY ENOUGH TO TEACH	SPEAK ONLY	UNDERSTAND ONLY
a			
b			
c			
d			

15. SPECIAL SKILLS, IF ANY, THAT YOU POSSESS:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

PRESENT EMPLOYMENT

NAME AND ADDRESS OF SCHOOL/ORGANIZATION

NATURE OF EMPLOYER’S BUSINESS
IF A SCHOOL, SPECIFY NO.OF:

(A) Teachers (B) Students
(C) Primary Branches (D) Secondary Branches

WHAT EXAMINATION BOARD IS THE SCHOOL AFFILIATED TO?
IS THE SCHOOL AN INT’L SCHOOL?

SPECIFY YOUR DATE OF JOINING SPECIFY YOUR DESIGNATION ON JOINING
PRESENT DESIGNATION DATE APPOINTED TO PRESENT POSITION

PRESENT JOB RESPONSIBILITIES (IN BRIEF)	ORGANIZATION CHART INDICATING REPORTING RELATIONSHIPS

If you have held your present appointment for less than one year, please describe your previous appointment in as much detail as possible, on a separate sheet.

DETAILS OF EDUCATION RELATED SHORT TERM COURSES & TRAINING UNDERGONE, DURING THE LAST 3 YEARS.

COURSE TITLE	ORGANIZATION/INSTITUTE	DATE & DURATION

REMUNERATION PARTICULARS
(PRESENT EMPLOYMENT)

WHAT ARE YOUR SALARY EXPECTATIONS? (Please indicate total salary per month)

THREE REFERENCES

Referee details: He/She should be someone who can comment on your academic ability	
Referee: 1 Title: Dr/ Mr./ Mrs./Miss/ Ms/ Other	
Surname / Family name (BLOCK CAPITALS)	
First Name	
Occupation	
Relationship to Applicant	
Address	
Telephone (with code)	Fax.
	e-mail

Referee details: He/She should be someone who can comment on your academic ability	
Referee: 2 Title: Dr/ Mr./ Mrs./Miss/ Ms/ Other	
Surname / Family name (BLOCK CAPITALS)	
First Name	
Occupation	
Relationship to Applicant	
Address	
Telephone (with code)	Fax.
	e-mail

Referee details: He/She should be someone who can comment on your academic ability	
Referee: 3 Title: Dr/ Mr./ Mrs./Miss/ Ms/ Other	
Surname / Family name (BLOCK CAPITALS)	
First Name	
Occupation	
Relationship to Applicant	
Address	
Telephone (with code)	Fax.
	e-mail