

IHS Staff Information Sheet



Personal Information

Full Name: _____ Gender: M / F Marital Status: _____
Date of Birth: _____ Age: _____ Nationality: _____
Father's Name: _____ Mother's Name: _____

Passport Details

Passport No: _____ Place of Issue: _____
Exp. Date: _____ Country: _____

Visa Details

Visa No: _____ City of Issue _____
Type of Visa: _____ Visa Expiry Date: _____

Residential Address

Door No / Street: _____
Town: _____
District: _____
State: _____
Pin Code: _____
Country: _____

Contact Information

- Residential Phone No.: _____
- Mobile Phone No.: _____
- Business Phone No.: _____
- Others: _____
- E-mail Address: _____

(Please checkmark which of the above is the best way to contact you)

Emergency Contact Information

Emergency Contact 1

Name: _____

Relationship: _____

Phone: _____

Address: _____

Emergency Contact 2

Name: _____

Relationship: _____

Phone: _____

Address: _____

(Please list two people who can be contacted in case of an emergency)

Medical History

Blood Group: _____ +ve -ve

Do you suffer from any physical or mental ailments? If so, please describe.

Academic History <i>(Attach copies of relevant documents)</i>				
Degree	Specialization	Institution / Place	Year of Passing	Remarks

Employment History					
S No.	Job Title	Name of School / College/ Institution	Place / Address	From (dd-mm-yy)	To (dd-mm-yy)
1					
2					
3					
4					
5					

Please list in chronological order starting with most recent job. Attach additional sheet if necessary

More about You			
Languages Known	Speak	Read	Write
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What kind of extracurricular activities or hobbies are you interested in?

Do you have any previous criminal / anti-social activity records? If so, please describe.

Family Information

Do you have any children? Please list names and ages

Declaration

I _____ hereby declare that the information furnished above are true to the best of my knowledge.

Place

Signature

Date

Name

Mail the completed form to the following address:

Isha Home School
Velliangiri Foothills, Semmedu Post,
Coimbatore 641 114
Tamil Nadu, India

For Office Use

Date	Details

Department		Joining Date	
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List of Documents Received				
No	Qty	Name of the Document	Original / Copy	Remark
1				
2				
3				
4				
5				
6				

Received By		Date	
Signature		Storage Ref	