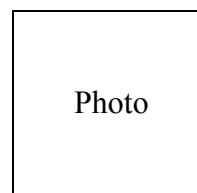


Teacher's Information Form

Ts Management System

www.tsmts.com

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01	Teacher's Name	
02	Father's Name	
03	Mother's Name	
04	Wife/Husband's Name	
05	Birth Date	___/___/___ (Example :1983/07/11)
06	Religion	<input type="checkbox"/> Islam <input type="checkbox"/> Hindu <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian
07	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
08	Present Address	
09	Permanent Address	
10	Institute Name	
11	Career Start Date	___/___/___ (Example :1983/07/11)
12	Joining Date	___/___/___ (Example :1983/07/11)
13	Designation	
14	Subject Teacher	
15	MPO Info	
16	Highest Degree	
17	Special Features	
18	Blood Group	
19	National ID	
20	Hobby	
21	E-mail ID	
22	Contact No	
23	A. Do you use computer? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Do you use Internet? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Authorized Signature

Checked By