## KENDRIYA VIDYALAYA SHRAWASTI

APPLICATION FORM FOR APPOINTMENT OF TEACHERS/INSTRUCTORS/COACHES EXPERTS/DOCTOR/NURSE,COUNSELLOR/YOGA, ETC ON COTRACT BASIS.

## Session 2023-24

1. All entries should be made in capital letters Important notes:

- 2. One form should be used for one post.
- 3. Enclose attested copies of testimonials with each form. (If applied for more than one post)

POST APPLIED FOR  (Please indicate whether PGT/TGT)  Computer Instructor/Experts in Art  Coaches/Doctor/Nurse/Yoga in the						Art & Craft/									JECT APPLIED FOR use of PGT/TGT)						
2. Candidate's	Name	e (in ca	pital le	etters	(Plea	se kee	p one l	ox b	lank be	tweer	First	name	, Midd	le nam	ne & La	ast na	me)				
B. Father's /H			-	-		-	middle	-	ther e & Las	st nam	e)		ŀ	Husbar	nd						
<ol> <li>Date of Birt</li> <li>Age as on 3</li> </ol>		023	DAY		Y	MONT	Н		Mont	YEAR		Da		G. Gen			М			F	
7. Ca <u>ndidate /</u>	Addres	<b>s</b> (in c	apitals	letter	s)																
Name		:													1 -	lease	affix		ne	recen	t
Father/H	usband	d's Na	me:												P:	hotogr	aph <u>wi</u> t	thout a	attest	ation	
Address		: : :																			
City/Tow Ph/Mobi E-mail		: : :					PIN														
3. Academic C	Malific	ation	(Startii	ng fro	m Hig	h Scho	ol leve	<u> </u>								Sig	nature	of Ca	andio	date	

(Please give information as applicable. (Attach attested copies of Mark sheets and Certificates)

Name of Examination	Write name		AGG	REGATE MAI	RKS		Duration	
(with complete name of course passed)	of Examinatio n passed	Year of passing	Max. Marks	Marks obtained	%age of marks	Subjects / Specialization	of course (in months)	Board/ University
High School (Class X)								
Intermediate (Class XII)								
Graduation (Name of Course)								
Post Graduation (Name of Course)								
Others if any (Specify)								

		Write name		AGG	REGRATE M	IARKS		Duratio	ın l	
Examination (with complete name of course passed)		of Examination passed	Year of passing	Max. Marks			Subjects /Specialization	of cours (in months	se Board/ University	
-	/B.E.ED/ pecify)									
	Theory									
B.ED	Practical									
Degree, Ni Oth	Tech(CS)/ MBBS /Diploma in ursing er if any									
(sp	pecify)									
). Experie	ence (Attach	separate sheet,	if columns	are insuffici	ent)					
•	, Name o	Period o	of service	No. of completed Class years & months taught					Scale of pay and	
Post held	d Institution		То				Subjects tau	salary per month		
(Please	mark ( $$ ) tick have knowled	through English in the appropriat ge of computer a in the appropriat	e box) For teapplication?	aching posts		L	YES YES	NO NO		
nereby cert	tify that all th in support of	e information giv	ven above is above. I also	NDERTAK true and corr	ect to the be ere eligibili	ity does not	nowledge. I have a confer right to be cation.			

Contact No.\_\_\_\_

Signature\_\_\_\_\_