KENDRIYA VIDYALAYA IGNTU AMARKANTAK (M.P.)

# APPLICATION FORM FOR APPOINTMENT OF TEACHERS ON COTRACT BASIS

|  |  |  |
| --- | --- | --- |
| Important notes: | 1. All entries should be made in capital letters | **Session: 2024-25** |
|  | 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) |

**1**.

**POST APPLIED FOR**

(Please indicate whether PGT/TGT/PRT in the

box)

**SUBJECT APPLIED FOR**

(In case of PGT/TGT)

**2. Candidate’s Name** (in capital letters) (Please keep one box blank between First name, Middle name & Last name)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- |
| **3. Father’s /Husband’s Name** (in capital letters) | Father |  | Husband |
| (Please keep one box blank between First name, middle name & Last | nam | e) |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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1. **Occupation of Spouse with Address** (if applicable)

# Date of Birth:



DAY MONTH

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

YEAR

1. **Gender**

(Please Tick)

M

F

**7. Age** as on 31.03.2O24

Photo

Year

Month

Days

1. **Candidate Address** (in capitals letters) Address :

Ph/Mobile No.:

Signature of Candidate

1. **Academic Qualification** (Starting from High School level)

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Examination | Board/ |  | AGGREGATEMARKS |  | Duration | Remarks |
|  |  | Max. Marks/Obtained Marks |  |  |  |
| (with complete name | University | Year of | %age | Subjects / | of course |
| of course passed) | Board/ | Passing | of | Specialization | (in |
|  |  | marks |  | months) |
| High School (Class X) |  |  |  |  |  |  |  |
| Intermediate (Class |  |  |  |  |  |  |  |
| XII) |
| Graduation |  |  |  |  |  |  |  |
| (Name of Course) |
| Post-Graduation |  |  |  |  |  |  |  |
| (Name of Course) |
| Others if any |  |  |  |  |  |  |  |
| (Specify) |

1. Professional Qualification (Attach attested copies of mark sheets & certificates)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of | Board/ |  | AGGREGRATE MARKS |  | Duration | Remarks |
| Examination |  | Max. Marks/ Obtained Marks |  |  |
| (with complete | University | Year of | %age of | Subjects | of course |
| name of course |  | passing | marks | /Specialization | (in |
|  |  |  | months) |
| passed) |  |  |  |  |
| D. Ed./B. El. Ed. |  |  |  |  |  |  |  |
| B. ED |  |  |  |  |  |  |  |
| BE/B. Tech (CS)/ |  |  |  |  |  |  |  |
| MBBS |
| Degree/Diploma in |
| Nursing |
| Other if any |  |  |  |  |  |  |  |
| (specify) |

1. Experience (Attach separate sheet, if columns are insufficient)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Post held | Name ofInstitution | Period of service | No. of completed Years & months | Class taught |
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1. **Are you able to teach through English and Hindi, both?**

YES

NO

(Please mark (√) tick in the appropriate box) For teaching posts

# Do you have knowledge of computer application?

YES

NO

(Please mark (√) tick in the appropriate box) For teaching posts

UNDERTAKING

I hereby certify that all the information given above is true and correct to the best of my knowledge. I have attached attested copies of my testimonials in support of the entries made above. I also agree that mere eligibility does not confer right to be called for interview/selection. My candidature may be cancelled in case any information is found to be incorrect on verification.

Place

Date

Contact No.

Signature

Name