KENDRIYA VIDYALAYA MIRC, AHMEDNAGAR

Application form for part time contractual teachers for the session 2021-22

Latest Passport size photo to be pasted

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1.	Candidat	te's Name (ir	ncapital	letters	s) : .								L		
2.	Father's /	Husband's N	lame (in	capita	l) :										
3.	Date of E	Birth			:										
4.	Age as or	n 31.01.2021			:		YE	EARS.		MONT	ΉS .	•••••		DAYS	
5.	Gender				:										
cade	mic qualific	cations (Atta	ich self-a	itteste	d copies of	f mark s	heets &	& certi	ificates)						
S.No. Name of Examination			Year of passing									Duration of course		Board/University	
					Max Marks Marks Obtained % of mark s				Specialization	tion ((in Months)				
1	High school	(class X)													
2	Intermediate	(Class XII)													
	Graduation (BA/BSc/B)	E/BTech)													
4	Post Gradua	ntion													
	(MA/MSc/Moothers if an	,													
	(Specify)														
Name		Name of Passed	Exam Y		Aggrega	ite Marks rks Marks	S			Subjects		Ouration of in months		rse Board/ University	
JBT/] (speci															
B.Ed	11 y)														
BE/B	.Tech														
Other (speci	, if any fy)														
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Post h		Name of the		-		of service		No of completed		d Classes tau	taught	ght Subject(s			
					From	То	У	ears &	Month					salary per month	
Whether qualified CTET (Central Teacher Eligibility (for Primary Teachers & Trained Graduate Teachers						•			Marks Obtained		% MARKS Y		YEA	EAR OF PASSING	
Do vo	nı have kna	owledge of c	omnute	r annl	lication? (SPECIF	 Y YE!	S/NO)			•••••	••••			
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Doyou have any relationsh IF YES, DETAILS OF	•		y YES/NO)							
NAME KVS Regular Empl	loyee:	Designation								
Name of School/Office	•		•							
	<u>UNDERTAKIN</u>	G BY CANDIDAT	<u>re</u>							
attested copies of my testimo right for selection. My candi	nials in support of the entrie dature may be cancelled in d have no claim or right	s made above. I also as case any information i	st of my knowledge. I have attached self- gree that mere eligibility does not confer s found to be incorrect on verification. I regular basis to be a part of the cadre							
Place:										
Date:		SIGN OF CANDIDATE								
Dute .			SIGIVOI CITIVAIDITIE							
Candidate's complete	Address (in capitals l	etters)								
1	\ 1	,								
Contact No.										
E-mail ID :										
CHECKLIST:	FOR O	FFICIAL USE								
NAME OF EXAM	QUALIFIED YES/NO	MARKS %								
Intermediate(Class XII)										
Graduation										
Post Graduation										
JBT/ D.Ed/										
B.Ed										
BE/B.Tech/ DOEACC										
CTET (FOR PRT&TGT)										
WHETHER ELIGIBLE	FOR POST APPLIED									
	SIGN C NAME	FVERIFIER :								

DESIGNATION