KENDRIYA VIDYALAYA,NO-2, CRPF CAMPUS, BHUBANESWAR

APPLICATION FORM FOR PART TIME/ CONTRACTUAL TEACHERS/INSTRUCTORS/COACHES

Important notes: 1. All entries should be made in capital letters 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 SUBJECT APPLIED FOR (Please indicate whether PGT/TGT/PRT/ Teacher in (In case of PGT/TGT) Spoken English/Computer Instructor/Experts in Art & Craft/ Coaches/Doctor/Nurse/Counsellor/Odia Teacher in the box) 2. Candidate's Name (in capital letters) (Please keep one box blank between First name, Middle name & Last name) Father Husband 3. Father's /Husband's Name(in capital letters) (Please keep one box blank between First name, middle name & Last name) 5. Gender 4. Date of Birth: Μ F (Please Tick) DAY MONTH YEAR **6. Age** as on 31.03.2022 Month Year Days Please affix One recent Photograph without attestation 7. Candidate Address (in capitals letters) Name Father/Husband's Name: Address City/Town PIN Ph/Mobile No.

Signature of Candidate *

8.Academic Qualification (Starting from High School level)

e-mail ID

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

Name of Examination	Year of	Medium of	AGGREGATE MARKS			Subjects	Duration	Board/
(with complete name of course passed)	passing	Instruction	Max. Marks	Marks obtained	%age of marks	/Specialization	of course (in months)	University
High School (Class X)								
Intermediate (Class XII)								
Graduation (Name of Course)								
Post Graduation (Name of Course)								
Others if any (Specify)								

9.Profess	ional Q	ualific	cation (Attach atte	sted copic	es of mark	sheets &	certificates)		
Name of Examination (with complete name of course passed)		Write name of Examination passed		Year of	AGGREGRATE MARKS			Subjects	Duration	Board/
				passing	Max. Marks	Marks obtained	%age of marks	/Specialization	of course (in	University
					Marks	obtained			months)	
JBT/B.E.E	D/									
(specify) B.ED										
D.ED										
BE/B.Tech	(CS)/									
MBBS										
Degree/Dip										
in Nursing Other if an				1						
(specify)	У									
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10. Exper	rience (Attacl	ı separa	ate sheet, if	columns	are insuff	icient)			
Post		Name of		Period of service		No. of		Subjects taught		Scale of pay
held	Institu	ution	From	To	_	completed years & months				and salary
					years &				per month	
								+		
				ugh Englis				YES		NO
(Please mark ($$) tick in the appropriate				iate box) I	For teachi	1123		NO		
12 Do vo	u hava	len over	ladaa at	Faamputan	annliaati	o n 9				
12. Do you have knowledge of computer a							YES		NO	
(1 icas	(Please mark $()$ tick in the appropriate box) For teaching posts									
				UN	DERTA	KING				
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								tries made ab		
								election. My		
cancelled	in case	any i	nforma	tion is four	nd to be in	correct o	n verifica	ition.		-
Place										
Date										
Datt			-			Sign	ature			
Con	tact No					S-8	<u> </u>			_
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	FOR OFFICE USE:					FORM NO				
	ELIGIB	LE OR	NOT ELIC	GIBLE						
	VERIFI	ED BY	: SIGN :_							
	N I N A A F	14/17	ו חבטיסי	NATION						
	NAME	VVIII	DESIGI	NATION						