# KENDRIYA VIDYALAYA VAYUSENA NAGAR, NAGPUR

APPLICATION FORM FOR APPOINTMENT OF TEACHERS ON

CONTRACT BASIS

| Important notes:1. All entries should be made in capital letters2. One form should be used for one post.3. Enclose attested copies of testimonials with each form. (If apple) |  |                      |                           |              |                             | Session: 2023-24  |  |  |
|---|--|----------------------|---------------------------|--------------|-----------------------------|---|--|--|
|   | POST APPLIE<br>dicate whether PG<br>box) |                      |                           |              |                             | CT APPLIED FOR<br>ase of PGT/TGT)                                   |  |  |
| 2. Candidate's Na   | ame (in capital lette                    | ers) (Please keep on | <br>le box blank betw     | veen First r | ame, Middle                 | name & Last name)   |  |  |
| <b>3. Father's /Husband's</b><br>(Please keep one boy   |  |                      | Father<br>me & Last name) |              | Husband                     |   |  |  |
| 4. Occupation of Spou   | se with Address (if                      | applicable)          |                           |              |                             |   |  |  |
| 5. Date of Birth:   | DAY                                      | MONTH                | YEAR                      |              | <b>6. Genc</b><br>(Please T |   |  |  |
| <b>7. Age</b> as on 31.03.202   | 3  | Year                 | Month                     | Day          | s                           |   |  |  |
| 8. Candidate Address (<br>Name<br>Father/Husband's  <br>Address   | :  | I                    |                           |              |                             | Please affix one recent<br>Photograph<br><u>without attestation</u> |  |  |
| City/Town   | :  |                      |                           |              |                             |   |  |  |
| Ph/Mobile No.   | :<br>1.<br>2.                            | PIN                  |                           |              |                             |   |  |  |

Signature of Candidate

## 9. Academic Qualification (Starting from High School level)

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

| riease give information as ap                                  |   |                    |                 | ink Sheets an     |                     |                              |                             |                      |
|--|---|--------------------|-----------------|-------------------|---------------------|------------------------------|-----------------------------|----------------------|
| Name of Examination<br>(with complete nameof<br>course passed) | Write Name<br>of<br>Examination<br>Passed | Year of<br>Passing | AGGREGATE MARKS |                   |                     |                              | Duration                    |                      |
|  |   |                    | Max<br>Mks      | Marks<br>obtained | %age<br>of<br>marks | Subjects /<br>Specialization | of course<br>(in<br>months) | Board/<br>University |
| High School (Class X)  |   |                    |                 |                   |                     |                              |                             |                      |
| Intermediate<br>(Class-XII)                                    |   |                    |                 |                   |                     |                              |                             |                      |
| Graduation<br>(Name of Course)                                 |   |                    |                 |                   |                     |                              |                             |                      |
| Post Graduation<br>(Name of Course)                            |   |                    |                 |                   |                     |                              |                             |                      |
| Others if any<br>(Specify)                                     |   |                    |                 |                   |                     |                              |                             |                      |

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

| Name of  | Write nameof          | AGGREGRATE MARKS          |                       |                           |                  |                             | Duration                    |                      |
|--|-----------------------|---------------------------|-----------------------|---------------------------|------------------|-----------------------------|-----------------------------|----------------------|
| Examination<br>(with<br>completename<br>of course<br>passed)                 | Examination<br>passed | Year<br>of<br>passin<br>g | Ma<br>x.<br>Mar<br>ks | Mark<br>s<br>obtain<br>ed | %age of<br>marks | Subjects<br>/Specialization | of course<br>(in<br>months) | Board/<br>University |
| D. Ed./B. El. Ed.  |                       |                           |                       |                           |                  |                             |                             |                      |
| B. ED<br>BE/B. Tech (CS)/MBBS<br>Degree/Diploma in<br>Nursing<br>CTET-I / II |                       |                           |                       |                           |                  |                             |                             |                      |
| Other ifany<br>(specify)   |                       |                           |                       |                           |                  |                             |                             |                      |

## **11.** Experience (Attach separate sheet, if columns are insufficient)

| Post held | Name<br>of<br>Institutio<br>n | Period of service |  | No. of                         | Class taught |  |
|-----------|-------------------------------|-------------------|--|--------------------------------|--------------|--|
|           |                               |                   |  | completed<br>years &<br>months |              |  |
|           |                               |                   |  |                                |              |  |
|           |                               |                   |  |                                |              |  |
|           |                               |                   |  |                                |              |  |
|           |                               |                   |  |                                |              |  |
|           |                               |                   |  |                                |              |  |

### 12. Are you able to teach through English and Hindi, both? (Please mark ( $\sqrt{}$ ) tick in the appropriate box) For teaching posts

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

13. Do you have knowledge of computer application? (Please mark ( $\sqrt{$ ) 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.\_\_\_\_\_

| YES |  | NO |  |
|-----|--|----|--|
| YES |  | NO |  |

Signature\_\_\_\_\_

Name\_\_\_\_\_