KENDRIYA VIDYALAYA WARANGAL

<u>APPLICATION FORM FOR APPOINTMENT OF TEACHERS/INSTRUCTORS/COACHES/VOCATIONAL INSTRUCTOR/DOCTOR/NURSE/COUNSELLOR/YOGA TEACHER ETC. ON COTRACT BASIS</u>

1. All entries should be made in capital letters Important notes: **Session: 2021-22** 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/ (In case of PGT/TGT) /Computer Instructor/Experts in Art & Craft/ Dance & Music/Coaches/Doctor/Nurse/Yoga in the box) 2. Candidate's Name (in capital letters) (Please keep one box blank between First name, Middle name & Last name) 3. Father's /Husband's Name (in capital letters) Husband Father (Please keep one box blank between First name, middle name & Last name) 4. Occupation of Spouse with Address (if applicable) 6. Gender F 5. Date of Birth: Μ (Please Tick) DAY MONTH YEAR 7. Age as on 31.03.2021 Year Month Days 8. Candidate Address (in capitals letters) Name Father/Husband's Name: Please affix one recent Address Photograph without attestation

Signature of Candidate

9. Academic Qualification (Starting from High School level)

1. 2.

City/Town

Ph/Mobile No.

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

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Name of Examination (with complete name of course passed)	Write Name of Examination Passed	Year of Passing	AGGREGATE MARKS				Duration	
			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)								

10. Professional Qualification (Attach attested copies of mark sheets & certificates) AGGREGRATE MARKS Name of Write name Duration Examination of Year of Subjects of course Board/ (with complete Max. Marks %age of Examination passing /Specialization (in University name of course Marks obtained marks passed months) passed) D. Ed./B. El. Ed. B. ED BE/B.Tech(CS)/ **MBBS** Degree/Diploma in Nursing Other if any (specify) **11**. Experience (Attach separate sheet, if columns are insufficient) Period of service Name of No. of completed Post held Class taught Institution years & months 12. Are you able to teach through English and Hindi, both? YES NO (Please mark ($\sqrt{}$) tick in the appropriate box) For teaching posts 13. Do you have knowledge of computer application? NO YES (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____

Signature

Name

Date_____

Contact No.____