

KENDRIYA VIDYALAYA NO-1 AFS. GORAKHPUR**APPLICATION FORM FOR PART TIME/CONTRACTUAL TEACHER/INSTRUCTOR/STAFF NURSE/ COUNSELOR****Important Notes: -** 1. All entries should be made in capital letters

POST APPLIED FOR :-----

1. NAME OF THE CANDIDATE :-----

2. FATHER'S NAME :-----

3. DATE OF BIRTH :-----

4. E-MAIL ID :-----

5. FULL ADDRESS :-----

Please Past
recent
Passport size
Photograph

MOBILE Number: 1..... 2..... 3.....

6. WHETHER SC/ST/OBC/GEN:-----

7. EDUCATIONAL QUALIFICATION :-----

(ATTACH SELF ATTESTED COPIES OF CERTIFICATES/ MARKSHEET ETC)

| EXAM PASSED | YEAR | Subject | % OF MARKS | BOARD / UNIVERSITY |
|---|------|---------|------------|--------------------|
| 12 TH | | | | |
| GRADUATION B.A/B.Sc./B.Com/B.Tech(C S)/BCA/B.P.ED | | | | |
| MASTER DGREEE M.A/M.Sc./M.Com./MCA/ M.SC (IT) | | | | |
| B. Ed. | | | | |
| CTET-Level-I | | | | |
| CTET-Level-II | | | | |
| Other (Specify) | | | | |
| | | | | |
| | | | | |

8. EXPERIENCE:

| NAME OF THE INSTITUTION | POST HELD | PAY SCALE | PERIOD OF SERVICE |
|-------------------------|-----------|-----------|-------------------|
| | | | |
| | | | |

UNDERTAKING

CERTIFIED THAT THE INFORMATION FURNISHED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
IF FOUND FALSE MY CANDIDATURE FOR THE POST MAY BE FORFEITED.

DATE: -----

SIGNATURE OF CANDIDATE

NAME AND SIGNATURE OF CHECKER WITH REMARKS