

KENDRIYA VIDYALAYA, BHIND (M.P.)
APPLICATION FOR THE APPOINTMENT OF EDUCATIONAL COUNSELOR,
DOCTOR AND NURSE ON CONTRACT.
 Session: 2019-2020

Post Applied for: _____ Registraion No. with MCI: _____

1. Name of the Candidate (In Capital Letter) : Mr/Ms/Mrs _____

2. Father's/ Husband's Name : _____

3. Date of Birth (DD/MM/YYYY) : ___/___/____. Age (On 01/04/2019) _____

4. Correspondence Address : _____

Paste recent
Coloured
Pass Port Size
photograph
with signature

5. Contact No. & E-mail ID : _____

6. Educational & Professional Qualification : _____

Exams	Board/ Univ.	Year	Division	% of Marks	Remarks
10+2					
Graduation					
Post-Graduation					
Any other					

7. Experience, if any

Institution / Hospital	Post Held	Service Period		Last Pay Drawn
		From	To	

CERTIFICATE

I _____ (Name) hereby certify that all information furnished by me is correct to the best of my knowledge and belief. If any information is found concealed or false my candidature may be cancelled.

Place : _____

Date : _____

Signature of Candidate, with Name

MobileNo. _____

Documents verified & checked by-

Name & Designation of Checker: _____

Place: _____

Signature _____

Date: ___/___/_____.

KENDRIYA VIDYALAYA, BHIND (M.P.)
**APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS/
 INSTRUCTORS/COACHES etc.**

Session: 2019-2020

Post Applied for: _____

Subject: _____

1. Name of the Candidate : Mr/Ms/Mrs _____
 (In Capital Letter)

2. Father's/ Husband's Name : _____

3. Date of Birth (DD/MM/YYYY) : ___/___/____. Age (On 01/04/2019) _____

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 Coloured
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5. Contact No. & E-mail ID : _____

6. Educational & Professional Qualification : _____

S. No.	Exam. Passed	Year	Board/ University	Subject(s)	Marks		Pass %
					Max.	Obt.	
I.	10+2						
II.	Graduation						
III.	Post-Graduation						
IV.	D.Ed./B.Ed./ M.Ed.						
V.	CTET						
VI.	Any Other						

7. Experience (if any) : _____

8. Other Areas of Proficiency : _____

Declaration

"I, _____ do hereby declare that the information furnished above is true to the best of my knowledge and nothing has been concealed."

Place: _____

Date: _____

Signature of the Candidate

For Office Use Only

Eligible/ Not Eligible (Give reasons if not eligible): _____

Documents verified & checked by-

Name & Designation of Checker: _____ Signature _____

Place: _____

Date: ___/___/_____.