

KENDRIYA VIDYALAYA, BHIND (M.P.)

APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS/ INSTRUCTORS/COACHES

Session: 2018-19

(Note: - Separate form should be filled up for each post if candidate wants to apply for more than one post)

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 01/04/2018) _____
4. Correspondence Address : _____

5. Contact No. & E-mail ID : _____
6. Educational & Professional Qualification : _____

Paste recent
Colored

Pass Port Size
photograph
with signature

S. No.	Exam. Passed	Year	Board/ University	Subject(s)	Marks		Pass %	Remark
					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) :

SN	Name of the School/Institute	Post Held	Class Taught	Experience

8. Other Areas of Proficiency : _____
9. Knowledge of Computer (Y/N) : _____
10. Are you able to teach in English & Hindi both? (Y/N): _____
11. PAN No.: _____

Declaration

"I, _____ do hereby declare that the information furnished above is true to the best of my knowledge and nothing has been concealed and relevant Xerox copies are attached. If any information is found concealed or false my candidature may be cancelled."

Place: _____

Date: _____

Signature of Candidate with name
Mobile No. _____

For Office Use Only

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

Documents verified & checked by-

Name & Designation of Checker: _____ Signature _____

Place: _____

Date: ___/___/____.

KENDRIYA VIDYALAYA, BHIND (M.P.)

APPLICATION FORM FOR CONTRACTUAL APPOINTMENT OF EDUCATIONAL COUNSELOR, DOCTOR AND NURSE

Session: 2018-19

(Note: - Separate form should be filled up for each post if candidate wants to apply for more than one post.)

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

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 01/04/2018) _____

4. Correspondence Address : _____

Paste recent
Coloured

Pass Port Size
photograph

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	

8. PAN No. _____

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. Relevant self attested Xerox copies are attached

Place: _____

Date: _____

Signature of Candidate with Name

Mobile No. _____

Documents verified & checked by-

Name & Designation of Checker: _____ Signature _____

Place: _____

Date: ___/___/____.