KENDRIYA VIDYALAYA BSF TEKANPUR, GWALIOR

FORM NO:

APPLICATION FORM FOR APPOINTMENT OF PGT/TGT/PRT/COMPUTER INSTRUCTOR/SPOKEN ENGLISH TEACHER/

YOGA INSTRUCTOR/DOCTOR/NURSE/COUNSELOR/SPECIAL EDUCATOR ON CONTRACT BASIS.

(2023-24)

Important notes: 1. All entries should be made in capital letters

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 (Please Yoga Ins Doctor/N	indicat	te wh	ether	PGT/I	GT/PF	RT/Com her/Spec	puter cial E	· Instru ducate	ictor/ or/	,				SUE (In c					D F	OR		
															E	-								
2. 0	andidat	e's Name	(in cap	oital l	etters)	(Pleas	se keep	one bo	x blar	nk betv	ween	First	name	e, Mid	dle na	me & L	ast na	me)						
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4. C	ate of B	irth:		DA	Y		N	IONTH				YE	AR				Gen ease			Μ			F	
6. A	lge as or	n 31.03.20	023				Year			N	Montł	h			Days				Pleas		uffix	one		cent
7. C	andidat	e Address	s (in ca	pitals	letter	s)		-									_		Photo	ograpi	n <u>with</u>	out att	estati	on
	Name		:																					
	Father/	'Husband'	's Nam	e:																				
	Address	S	:																					
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	City/To Ph/Mo	wn bile No.	: : :1.					Ρ	'IN	[]									
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8. Academic Qualification (Starting from High School level)

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

Name of Examination	Write name		AGG	REGATE MAR	KS		Duration	
(with complete name of course passed)	of Examination passed	Year of passing	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)								

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

Name of Examination (with complete name of course passed)		Write name		AGG	REGRATE MA	ARKS		Duration	
		of Examination passed Passing		Max. Marks	Marks obtained	%age of marks	Subjects /Specialization	of course (in months)	Board/ University
JBT/D.ED/ (specify)									
B.ED	Theory								
D.ED	Practical								
BE/B.Tech(CS)/ MBBS Degree/Diploma in Nursing									
Other if any (specify)									

10. Experience (Attach separate sheet, if columns are insufficient)

		Period of s	service	No. of	Class	Subjects taught	
Post held	Name of Institution	From	То	completed years & months	Class taught		

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

12. Do you have knowledge of computer application? (Please mark ($\sqrt{}$) tick in the appropriate box) For teaching posts

YES NO YES NO

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

Name

Contact No.

To be filled by Vidyalaya

Documents Verified by	:	
Teacher's Name	:	
Designation	:	
Signature	:	