PM SHRI KENDRIYA VIDYALAYA No. 4 AFS GWALIOR

APPLICATION FORM FOR APPOINTMENT OF TEACHERS/INSTRUCTORS/COACHES EXPERTS/DOCTOR/NURSE,COUNSELOR/YOGA,Balvatika Teacher ETC ON CONTRACT BASIS.

<u>(2024-25)</u>

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.	(P Co	lease ompu	indica ter Ins	ite wh	ther Por/Experiese/Yo	GT/TO	Art & (Craft/			e box)								API GT/I			FO	R		
2. Can	didate's	Name	(in ca	oital le	tters) (P	lease k	eep or	ne box b	olank	betwe	en Firs	t nam	e, Mi	ddle	nam	e & I	.ast n	ame)							
	er's /Hu ase keep						e, mid	dle nan		Father Last na	me)			Н	usbar	nd [
4. Date	4. Date of Birth: DAY MONTH YEAR Gend (Please Ti											.	М		F			Т							
5. Age	as on 31	03.20	D23			Ye	ear			Мо	nth		7	D	ays										
6. Cate	gory (Ge	en/OB	C/Sc/s	t/P.H.)]													Please affix one recent Photograph without attestation						
7. Can	didate A	ddres	s (in ca	pitals l	etters)	_													Pho	togra	aph <u>v</u>	vithoi	<u>it atte</u>	<u>stat101</u>	1
																	_								
Na	ame		:																						
Fa	ther/Hu	sband	's Nam	e:																					
Ac	ldress		:	·																					
			:																						
			:	: PIN : 1.																					
	ty/Town /Mobile		: : 1.																						
E	-mail:-		2.													Signature of Candidate									

8. Academic Qualification (Starting from High School level)

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

lease give illioi mation as ap	pheable: (/tetaeri	attested copies	-	.5 dila Certine	atesj		1		
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)									

Na	ame of Examination	Write name		AGG	REGRATE I	MARKS	_ _		Duration		
(w	rith complete name of course passed)	of Examination passed	Year of passing	Max. Marks	Marks obtained	%age of marks	f /:	Subjects Specialization	of course (in months)	Board/ University	
EC	CCE/NTT/JBT/D.EI.E d etc.								,		
	(specify)										
В	.ED Theory Practical										
	BE/B.Tech(CS)/ MBBS										
	egree/Diploma in										
N	Ursing/Yoga/CTET Other if any										
	(specify)										
. Ex	perience (Attach seg	parate sheet, if colu	nns are insuffi	cient)							
		Name of Institution		Period of	No. of	•	Class				
	Post held			From	То	completed & month		taught	Subjects	aught	
	you able to teach thr lease mark $()$ tick in			r nosts			YE	7C	NO		
	you have knowledge		_	, posts			11				
(P.	lease mark ($$) tick in No of Documents at	the appropriate box	ation? x) For teaching	gposts			YE	ES	NO		
				NDERTAKI	ING						
nereb	y certify that all the i	nformation given a	bove is true ar	nd correct to tl	he best of r	my knowledg	ge. I ha	ave attached atte	ested copies of	my testimoni	
	of the entries made ed in case any inform				not confer	right to be	called	for interview/s	election. My c	andidature m	
ace											
ıte							Sign	nature			
							Nan	me			
							_				
							Conta	ct No			
		ed by Vidyala									
		ents Verified	by	:							
	Teacher'			:							
	Designat			:							
	Signatur	e		:							