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KENDRIYA VIDYALAYA, KOLLAM

Affix photograph

APPLICATION FOR THE POST OF ……………………………….

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Name of the Candidate | | | | |  | | | | | | | |
| 2 | Residential Address with PIN code | | | | |  | | | | | | | |
| 3 | Phone Numbers  1.  2. | | | | | 4. E mail ID | | | | | | | |
| 5. Aadhar No. | | | | | | | |
| 6 | Category (SC/ ST/ OBC NCL / GEN) | | | | |  | | | | | | | |
| 7 | Age & Date of Birth | | | | | . | | | | | | | |
| 8 | Educational Qualification(Attach self-attested copies of certificates) | | | | | | | | | | | | |
| Sl. No | | Qualification | Board/Univ. | Year | | All Subjects | | | Total Marks obtained/ Out of | | | | Percentage in aggregate (%) |
| a | | SSLC or equivalent |  |  | |  | | |  | | |  | |
| b | | Plus Two |  |  | |  | | |  | | |  | |
| c | | B.A/B.Sc |  |  | |  | | |  | | |  | |
| d | | M.A./M.Sc |  |  | |  | | |  | | |  | |
| e | | B.Ed. |  |  | |  | | |  | | |  | |
| f | | CTET - 1 |  |  | |  | | |  | | |  | |
| g | | CTET - 2 |  |  | |  | | |  | | |  | |
| h | | Any other |  |  | |  | | |  | | |  | |
| 9 | | Computer Proficiency(Attach self-attested copies of certificates) | | | | | | | | | | | |
| S.N | | Course | | | | Duration | | | | Conducted by | | | |
| a | |  | | | |  | | | |  | | | |
| b | |  | | | |  | | | |  | | | |
| 10 | | Teaching Experience (Attach self-attested copies of certificates) | | | | | | | | | | | |
| Sl.No. | | Name of the Institution | | | Period | | | Classes taught | | | Subjects taught | | |
| a | |  | | |  | | |  | | |  | | |
| b | |  | | |  | | |  | | |  | | |
| c | |  | | |  | | |  | | |  | | |
| d | |  | | |  | | |  | | |  | | |
| e | |  | | |  | |  | | | |  | | |
| 11 | | Any other information | | | | | | | | | | | |
| I hereby understand that this interview is meant to prepare a panel for the academic session 2022-23 and if appointed, it will be part-time contractual basis which can be terminated at any time without any notice. | | | | | | | | | | | | | |

Place:

Date: Signature of the Candidate with date

Name :

For Office Use only

Name & Designation of the Verifying Officer:

Certified that he/she is eligible for the Post of ………………………………………..

Signature of Verifying Officer with date