KENDRIYA VIDYALAYA GAIL VIJAIPUR DIST. - GUNA (MADHYA PRADESH)

**APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHER FOR THE SESSION 2023-24**

1. Post Applied with Subject :-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paste a recent passport size color photograph with signature

2. Name of Candidate :-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Father’s / Husband’s Name :-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Address in Full :-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Telephone No. with STD Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Date of Birth: Day Month Year

7. Particulars of all Examinations/Degrees passed (Attach Attested Copies of Certificates)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  **Examination** | **Subject** | **Marks Obtained** | **Max.****Marks** | **% of** **Marks** | **Year** | **Board /****University** |
| High School |  |  |  |  |  |  |
| Higher Sec. /Intermediate/ 10+2 |  |  |  |  |  |  |
| GraduationB.A./B.Sc./B.Com |  | I Yr | II Yr | III Yr | Total |  |  |  |  |
|  |  |  |  |
| M.A./M.Sc./M.Com./MCA |  |  |  |  |  |  |  |  |  |
| B.Ed./D. Ed./B.T.C./J.B.T. |  |  |  |  |  |  |  |  |  |
| M.Ed./ M. Phil. / P. Hd. |  |  |  |  |  |  |  |  |  |
| Any Other |  |  |  |  |  |  |  |  |  |

10. Whether CTET qualified or Not, If yes mention Year : Roll No.: Level :

11. Teaching experience in recognized school (Attach Attested Copies of Certificates)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of School** | **Post Held** | **Period of Service** | **Class &****Subject****Taught** | **Actual Pay** |
| **From** | **To** | **Years** | **Months** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

12. Co-Curricular Activities / Sports & Games /NCC / Scout &Guide (Attach Attested Copies of Certificates)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Activity | District Level | State Level | National Level |
|  |  |  |  |

**DECLARATION**

**I Certify that the above information is true to best of my knowledge and belief and I am liable to be disqualified if any information given is found to be incorrect or incomplete.**

**Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Candidate**

**For Office Use : Form Checked by sh. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation \_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_**