## KENDRIYA VIDYALAYA NHDC NARMADANAGAR

APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS/INSTRUCTORS/COACHES EXPERTS/DOCTOR/NURSE ETC. (2024-25)

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)

| POST APPLIED FOR                                   |                        |              |             |         | SUBJECT APPLIED I<br>(In case of PGT/TGT) |         |            |          |        |          |       |       |           |      |
|--|------------------------|--------------|-------------|---------|---|---------|------------|----------|--------|----------|-------|-------|-----------|------|
|  |                        |              |             |         | <b></b>                                   |         |            |          |        |          |       |       |           |      |
| 2. Candidate'                                      | s Name (in cap         | ital letters | ) (Please k | eep one | box blank                                 | between | First name | , Middle | name & | & Last n | name) |       |           |      |
|  |                        |              |             |         |   |         |            |          |        |          |       |       |           |      |
|  | Iusband's Nan          |              |             |         |   | Father  | r          |          |        | Hı       | usban | d     |           |      |
|  |                        |              |             |         |   |         |            |          |        |          |       |       |           |      |
| <ol> <li>Age as on 3</li> <li>Candidate</li> </ol> |                        | Year         | 10NTH       | Мо      | nth                                       | YEAR    | Days       |          |        | Please   | affix | ς one | e rece    | ant. |
| Name   | . Addies               |              |             |         |   |         |            |          |        |          |       |       | testation |      |
| Father/Husbar                                      | nd's Name <sup>.</sup> |              |             |         |   |         |            |          |        |          |       |       |           |      |
|  | :                      |              |             |         |   |         |            |          |        |          |       |       |           |      |
| Address  |                        |              |             |         |   |         |            |          |        |          |       |       |           |      |
| Address  | :                      |              |             |         |   |         |            |          |        |          |       |       |           |      |
| Address  | :                      |              |             |         |   |         |            |          |        |          |       |       |           |      |
| Address  City/Town                                 | :<br>:<br>:            |              | PIN         |         |   |         |            |          |        |          |       |       |           |      |
|  | :<br>:<br>:            |              | PIN         |         |   |         |            |          |        |          |       |       |           |      |
| City/Town  | :<br>:<br>:            |              | PIN         |         |   |         |            |          |        |          |       |       |           |      |

## **8. Academic Qualification** (Starting from Intermediate level)

(Please give information as applicable. (Attach self attested copies of mark sheets and certificates. For Graduation attach copy of mark-sheet of all years/semesters)

| Name of Examination      | Write name  | Year of | AGGREGATE MARKS    |          |                 | Subjects  | Duration    | Board/ |
|--------------------------|-------------|---------|--------------------|----------|-----------------|-----------|-------------|--------|
| (with complete name of   | of          | passing | Max. Marks %age of |          | /Specialization | of course | University  |        |
| course passed)           | Examination |         | Marks              | obtained | marks           |           | (in months) |        |
|                          | passed      |         |                    |          |                 |           |             |        |
| Intermediate (Class XII) |             |         |                    |          |                 |           |             |        |
| Graduation               |             |         |                    |          |                 |           |             |        |
| (Name of Course)         |             |         |                    |          |                 |           |             |        |
| Post Graduation          |             |         |                    |          |                 |           |             |        |
| (Name of Course)         |             |         |                    |          |                 |           |             |        |
| Others if any            |             |         |                    |          |                 |           |             |        |
| (Specify)                |             |         |                    |          |                 |           |             |        |

| Name of Examination<br>(with complete name of<br>course passed) |           | Write name                  | Year of     | AGGRE         | GRATE MA          | RKS             | Subjects                       | Durat                  | ion                     | Board/      |  |
|---|-----------|-----------------------------|-------------|---------------|-------------------|-----------------|--------------------------------|------------------------|-------------------------|-------------|--|
|   |           | of<br>Examination<br>passed | passing     | Max.<br>Marks | Marks<br>obtained | %age of marks   | /Specialization                | of cou<br>(in<br>month |                         | University  |  |
| CTET (I to  | V)        |                             |             |               |                   |                 |                                |                        |                         |             |  |
| Qualified   |           |                             |             |               |                   |                 |                                |                        |                         |             |  |
| CTET (VI to   | o VIII)   |                             |             |               |                   |                 |                                |                        |                         |             |  |
| Qualified   |           |                             |             |               |                   |                 |                                |                        |                         |             |  |
| B.ED The  | ory       |                             |             |               |                   |                 |                                |                        |                         |             |  |
| Prae  | ctical    |                             |             |               |                   |                 |                                |                        |                         |             |  |
| MBBS Degr   |           |                             |             |               |                   |                 |                                |                        |                         |             |  |
| Diploma in Counseling   | _         |                             |             |               |                   |                 |                                |                        |                         |             |  |
| Other if any  |           |                             |             |               |                   |                 |                                |                        |                         |             |  |
| specify)  |           |                             |             |               |                   |                 |                                |                        |                         |             |  |
|   |           |                             |             |               |                   |                 |                                |                        |                         |             |  |
|   |           | ttach certifi               |             |               | in the rec        |                 |                                | •                      | 1 ~                     |             |  |
| Post  | Name of   | _                           | of service  | No. of        |                   | Class<br>taught | Subjects tau                   |                        | Scale of pay            |             |  |
| held  | Institut  | ion   From                  | To          | complet       | ea<br>months      |                 |                                |                        | and salary<br>per month |             |  |
|   |           |                             |             | years &       | months            |                 |                                |                        | pc                      | 1 111011111 |  |
|   |           |                             |             |               |                   |                 |                                |                        |                         |             |  |
|   |           |                             |             |               |                   |                 |                                |                        |                         |             |  |
|   |           |                             |             |               |                   |                 |                                |                        |                         |             |  |
|   |           |                             |             |               |                   |                 |                                |                        |                         |             |  |
|   |           |                             |             |               |                   |                 |                                |                        |                         |             |  |
|   |           |                             |             |               |                   |                 |                                |                        |                         |             |  |
|   |           | o teach thro                |             |               |                   |                 | VEC                            |                        | NO                      |             |  |
| (Pleas  | se mark ( | ( $$ ) tick in th           | e appropria | ate box) F    | or teachin        | g posts         | YES                            |                        | NO                      |             |  |
| 12 Do vo  | u hovo k  | nowledge of                 | computor (  | annlicatio    | n9                |                 |                                |                        |                         |             |  |
|   |           | howledge of $()$ tick in th |             |               |                   | g posts         | YES                            |                        | NO                      |             |  |
|   |           |                             |             |               |                   |                 | k in the appro                 | priate                 | bo                      | x)          |  |
|   |           | Yes No                      |             |               |                   |                 |                                |                        |                         |             |  |
|   |           | 00100100                    | ~           |               |                   |                 |                                |                        |                         |             |  |
| 14. Caste   | : GEN / ) | SC/ ST/ OB                  | C           | •••••         |                   |                 |                                |                        |                         |             |  |
|   |           |                             |             | DERTAK        |                   |                 |                                |                        |                         |             |  |
| -   | -         |                             |             |               |                   |                 | ect to the best                | -                      |                         | _           |  |
|   |           |                             |             |               |                   |                 | ries made abo<br>lection. My c |                        |                         |             |  |
|   |           | any informa                 |             |               |                   |                 |                                | ununuu                 | ······                  | may be      |  |
| Place   |           |                             |             |               |                   |                 |                                |                        |                         |             |  |
| Date  |           |                             |             |               | Q <b>!</b>        | -4              |                                |                        |                         |             |  |
|   |           |                             |             |               | Signa             | ature           |                                |                        |                         |             |  |
|   |           |                             |             |               |                   |                 |                                |                        |                         |             |  |

Name\_\_\_\_\_