## KENDRIYA VIDYALAYA CWS, JAYANT

APPLICATION FORM FOR PART TIME / CONTRACTUAL TEACHERS AND COMPUTER INSTRUCTOR ETC.

Important notes: 1. All entries should be in block 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)

1.	POST APPLIED FOR (Please indicate PGT/TGT/PRT/Computer Instructor in the box)	SUBJECT APPLIED FOR (In case of PGT/TGT)	POST APPLIED FOR MISCELANEOUS (Yoga Teacher./Game Coach /Dance Expert/Nurse etc.)				
2	Candidate's Name (in capital letters) (Please k	een one hov blank between First name. Middle na	me & Last name)				
Ī	Canada S Transe (in capital feeters) (frease k	eep one box brank between I list name, what is na	Lust nume)				
	Father's /Husband's Name (in capital letters (Please keep one box blank between First name, middle name & Las		Husband				
	Date of Birth:  DAY  MONTH  Age as on 31.03.2021  Year	YEAR  S. Ge (Please	IMI I I I				
7.	Candidate's Correspondence Address  Name:		Please affix one recent Photograph				
	Father/Husband's Name :Address :						
	City/Town :State & PIN No						
	Phone/Mobile No						

## **8(a). Academic Qualification** (Starting from High School level)

Signature of Candidate

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

Name of	Write name	Board/	Year of	Duration	Subjects /	AGGI			
Examination (with complete name of course passed)	of Examination passed	Univers ity	passing	of course (in months)	Specialization	Max. Marks	Marks obtained	% age of marks	Remarks
High School (Class X)									
Intermediate (Class XII)									
Graduation (Name of Course)									
Post-Graduation (Name of Course)									
Others if any (Specify)									

<b>8(b)</b> (On			.*-1*4**-	1 2	T A 37 3 T A	DIZC/		<u>,                                    </u>	TO	DAT ACC	ODECA	(DE	1	
	Name Of Subject Specialization in Graduation				MAX MARKS( )  OBTAINED MARKS					TOTAL AGGREGATE MARKS IN PERCENTAGE				
			I YE.	AR I	II YEAR		YEAR	(Obt. I	x 100					
9 Profess	sional Or	alification												
		opies of mai	k sheets &	certific	cates)									
			Write					Durat	AG	GREGRA MARKS				
	(with co	f Examination mplete name of rse passed)	name of Examina tion passed	Board/ Univer sity	Year of passi ng	Subje /Speci atio	aliz	ion of course (in month s)	Max Mar ks	Mark s obtai ned	%a ge of mar ks	Rema rks		
	CTET							3)			IX.5			
	JBT/B.E													
	(specify	Theory												
	B.ED	Practical												
	BE(CS)	B.Tech.(CS)/												
	Diploma	in Nursing												
	Other if (specify	•												
10 E						• 00•	•						_	
10. Expe	rience (A	ttach separa	ite sheet, if ad of service	Column No.		insuffi	cien	it)						
Post held	Name of			completed		Class taught Subject		Subjects			le of pay ry per n		Remarks	
	e you abl	posts:- e to teach in ·k√tick in t				ium?			YES			NO		
		e knowledge ·k√tick in t				ns?			YES			NO		
				IINI	DERT	AKIN	ıG							
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			Contact No											