KENDRIYA VIDYALAYA CMM, JABALPUR

APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS/MISSELANEOUS POSTS
SESSION 2018-19

नपुर के		Registration No. (For Office Use Only)									
mporta		tries should orm should se attested c	be used	for one p	ost.	each for	m. (If a	pplied fo	r more than o	ne post)	
POS	ST APPLIED FOR	-	SUBJECT APPLIED FOR (In case of PGT/ TGT)				*Registration No. with MCI/NCI (*Applicable only for the Post of Doctor/Nurse)				
			*				•			72	
2. Can	didate's Name (in	capital lette	ers) (Pleas	e keep one b	ox blank betwe	een First nar	me, Middl	e name & La	ast name)		
3. Fath	ner's / Husband's keep one box blank betwee	Name (in ca n First name, midd	pital letto	ers) Last name)		Father			Husban	d	
7. Can Name Father, Addres	:	3) Year	tters)	Month	YEAR	Days	(Please	Please	affix one ph <u>without attest</u>	recent ation	
8. Aca	demic Qualificati e give information Name of Examination (with complete name	as applicable Name of Examination	from H le. (Atta Year of passing	AG Max.	ed copies GREGATE MA Marks	ARKS %age of	sheets		re of Candidartificates) Duration of course (in	Board/ Universit	
	of course passed) High School (Class X)	passed		Marks	obtained	marks			months)		
-	Intermediate (Class										
ŀ	Graduation (Name of Course)					9.					
	Post Graduation (Name of Course)	,								70	
-	Others if any		× .								

Page 10 \$ 2 P.T.0

-	Name of Examination (with complete name of course passed)		Write name	Year of	ed copies of mark sheets AGGREGRATE MARKS			Subjects /	Duration	Board/	
			of Examination passed	passing	Max. Marks	Marks obtain	%age of marks	Specialization	of course (in months)	University	
		(I to V)				14 X					
	Qualif	ied (VI to VIII)		-							
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	Nursi Diplor Nursir	na in ng/ 1 Year na in Yoga/									
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Post		ame of	Period of		No. of C		Class	Subjects	Scale	Scale of pay	
held	Institution		From To		completed		taught	taught	100000000000000000000000000000000000000	and salary	
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		able to tead mark (√) ti						s YES	NO		
12. Do	you	have knowl	edge of cor	nputer aj	pplication	n?		YES	NO		
(Please mark ($$) tick in the appropriate box)											
(Plea	3. Are you a family member of KVS Em (Please mark (√) tick in the appropriation of Yes, then provide the details:						YES	NO			
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7.7.7.7.7	CONTRACTOR OF THE PARTY OF THE	tion :									
KV		:				100					
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Place_						S	ignature :				
		Contact No.:									
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Page 2 of 2