KENDRIYA VIDYALAYA NO. 2 GCF, JABALPUR

**APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS/INSTRUCTORS/COACHES EXPERTS/DOCTOR/NURSE, ETC.**

Important notes: 1. All entries should be made in capital letters

1. **One form should be used for one post.**
2. **Enclose attested copies of testimonials with each form. (If applied for more than one**

|  |  |  |  |
| --- | --- | --- | --- |
| **1**. | **POST APPLIED FOR** |  | **SUBJECT APPLIED FOR** |
|  |  |   | (In case of PGT/TGT) |

**2. Candidate’s**(incapital**Name**letters)(Please keep one box blank between First name, Middle name & Last name)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **3. Father’s /Husband’s**(incapitalletters) **Name** Father(Please keep one box blank between First name, middle name & Last name) | Husband |

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| **4. Date of Birth**: |  |  | **5. Gender** | M |  |  | F |
|  |  | (Please Tick) |
| DAY | MONTH |  | YEAR |  |  |  |  |

**6. Age** as on 31.03.2023

Please affix one recent Photograph without attestation

Signature of Candidate

Year

Month

Days

1. **Candidate Address** (in capitals letters)

Name

Father/Husb Address

:

City/Town

Ph/Mobile No. (Mandatory)

:

:

:

:

PIN

:

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1. **Academic Qualification** (Starting from High School level)

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |  |  |  |
| High School (Class X) |  |  |  |  |  |  |  |  |
| Intermediate (Class XII) |  |  |  |  |  |  |  |  |
| Graduation |  |  |  |  |  |  |  |  |
| (Name of Course) |
| Post Graduation |  |  |  |  |  |  |  |  |
| (Name of Course) |
| Others if any |  |  |  |  |  |  |  |  |
| (Specify) |

Note: - Please provide information for the qualification completed by 20 February 2023 only.

1. **Professional Qualification (Attach attested copies of mark sheets & certificates)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of Examination** | **Write name** | **Year of** | **AGGREGRATE 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** |  |
|  | **passed** |  |  |  |  |  | **months)** |  |
| CTET (I to V) |  |  |  |  |  |  |  |  |
| Qualified |
| CTET (VI to VIII) |  |  |  |  |  |  |  |  |
| Qualified |
| B.Ed |  |  |  |  |  |  |  |  |
| MBBS Degree |  |  |  |  |  |  |  |  |
| /Diploma in Nursing |
| / Counseling/Yoga |
| Other if any |  |  |  |  |  |  |  |  |
| (specify) |

1. **Experience (Attach certificates if experience is in the recognized Schools) –priority will be given.**

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| **Post** | **Name of** | **Period of service** | **No. of** | **Class** | **Subjects taught** | **Scale of pay** |
| **held** | **Institution** | **completed** | **taught** | **and salary** |
| **From** | **To** |
|  |  | **years & months** |  | **per month** |
|  |  |  |  |  |  |  |  |
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1. **Are you able to teach through English and Hindi, both? (Please mark (√) tick in the appropriate box)**

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  |  | NO |
|  |  |  |  |
| YES |  |  | NO |

1. **Do you have knowledge of computer application?**

(Please markappropriate(√) tickbox)For teaching poststhe

UNDERTAKING

I hereby certify that all the information given above is true and correct to the best of my knowledge. I have attached attested copies of my testimonials in support of the entries made above. I also agree that mere eligibility does not confer right to be called for interview/selection. My candidature may be cancelled in case any information is found to be incorrect on verification.

Place

Date

Signature Contact No.

Name \_