KENDRIYA VIDYALAYA CR, MANMAD

APPLICATION FORM FOR APPOINTMENT OF TEACHERS/INSTRUCTORS/COACHES EXPERTS/NURSE/YOGA/SPECIAL EDUCATOR, ETC ON CONTRACT BASIS. Session (2023-24)

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

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

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4. Date	of Birth	:		DAY			MON	VTH			YE.	AR					e nder e Tick		М			F	
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Name of Examination	Write name		AGG	REGATE MAR	KS		Duration	
(with complete name of course passed)	of Examination passed	Year of passing	Max. Marks	Marks obtained	%age of marks	Subjects / Specialization	of course (in months)	Board/ University
High School (Class X)								
Intermediate (Class XII)								
Graduation (Name of Course)								
Post Graduation (Name of Course)								
Others if any (Specify)								

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

Name o	f Examination	Write name		AGGI	REGRATE MA	ARKS		Duration		
(with complete name of course passed)		of Examination passed	Year of passing	Max. Marks	Marks obtained	%age of marks	Subjects /Specialization	of course (in months)	Board/ University	
	r/B.E.ED/ specify)									
B.ED	Theory									
B.EU	Practical									
Degree	B.Tech(CS)/ e/Diploma in Nursing									
Other if any (specify)										

		mplete name irse passed)	of Examination passed	passing	Max. Marks	Mai obtai		age of narks	/Specialization	(in months)	Board/ University
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10.	Experie	nce (Attach sep	parate sheet, if colu	mns are insuf	ficient)						
					Period of se	rvice	No	o. of	Class		
	P	ost held	Name of Institution		From	То	completed year & months		taught	Subjects taught	
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12.			of computer application the appropriate box		g posts			7	/ES	NO	
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sup	port of th	e entries made	nformation given a above. I also agre ation is found to be	e that mere e	ligibility does						
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Dat	e							S	ignature		
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			ed by Vidyala								
		Docume	nts Verified	by	:						
		Teacher'	's Name	:							

Designation Signature