KENDRIYA VIDYALAYA VEHICLE FACTORY, JABALPUR

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

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	l. All entries 2. One form : 3. Enclose se	should be u	sed for or	ne post.		ach for	m. (If	applied fo	or more
	han one pos		- I				(
POST APPLIED	FOR		SUBJECT APPLIED FOR (In case of PGT/TGT)						
				→					
2. Candidate's Nan	ne (in capital	letters) (Please	keep one box	blank betweer	First name, N	Middle nam	e & Last 1	name)	
3. Father's /Husbar (Please keep one box blank)				Fathe	r		H	usband	
4. Date of Birth:	DAY	MONTH		YEAR		5. Ger (Please		М	F
6. Age as on 31.03.2	022 Ye	ear	Month		Days				
7. Marital Status - 8. Candidate Addre		d/Unmarried s letters)	:				Please Photog	affix oi raph <u>without</u> a	ne recent attestation
Name :									
Father/Husband's Na	me:								
Address :									
:									
:									
City/Town :		PII	N						
Ph/Mobile No. :									
(Mandatory)									
9. Academic Qualif	ication (Star	ing from Hi	gh Schoo	l level)			Sig	nature of C	Candidate *
(Please give informa	•	_	_	,	es of Marl	k sheets	and C	ertificates)
Name of Examination	Write name	Year of	AGG	REGATE M	ARKS	Subject		Duration	Board/
(with complete name of course passed)	of Examination	passing	Max.	Marks	%age of	/Specia	lization	of course (in months)	University
course passed)	passed		Marks	obtained	marks			(III IIIOIIIIIS)	
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 January 2022 only.

Name of Examination (with complete name of course passed)		Write name	Year of	AGGREG			Subjects	Duration of course (in months)		Board/ University
		of Examination passed	passing	Max. Marks	Marks obtain		/Specialization			
CTET (I to	o V)									
Qualified	0 👣									
CTET (VI	to VIII)									
Qualified										
B.Ed										
MBBS De	•									
•	in Nursing									
/ Counseli Other if a										
(specify)	Пу									
11. Experience (Att Post Name of Institution		Period of		No. of	No. of		Subjects taught		Scale of pay and salary	
		riom	10	years & months		taught			per month	
(Pleas	se mark ($$) ou have kno	teach throug tick in the a	ppropria mputer a	te box) For a	teachir		YES YES	_	10	
(Pleas	se mark (V)	tick in the a	ppropria	ite box) For	teachir	ig posts				
have atta mere elig	ched attes ibility does	ted copies of	ormation f my testi right to be	imonials in s e called for i	e is tru suppor intervi	t of the enew/selection	crect to the bes ntries made ab on. My candida	ove. I	also	agree tha
Place										
Date		_				Signatu	ıre			_
		Contact No								
					Nam					