## KENDRIYA VIDYALAYA SALOH Registration form for part time contractual teachers for the session 2024-25

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

- 2. Separate form for each post, if applied for more than one post.
- 3. Active Mobile Number and valid E-mail ID must be furnished in the application.

1.	POST A				ΓGT/PF	RT/Mis	sc.)									T <b>AP</b> TGT/	PLII PGT)		OR —		
2. Car	ndidate's Nam	e (in cap	ital lett	ters) (F	Please k	eep oi	ne box	blan	k bety	veen I	First r	name,	Midd	lle na	ame &	z Last	name)	)			
	ner's/Husband ase keep one b					,midd	le nam	ne &L	_	ather						Husba	nd [				
4. Date	4. Date of Birth:			DAY Me			ONTH YEAR				5. Gende			141		F					
	as on 31.03.2 didateAddres		Yea			M	onth			Day	'S										
	nme	:																			
Fa	ther/Husband's	s Name:														Plea		affix h <u>with</u>	one		cent
Ac	ldress	: : :														The	nograp	ii <u>witii</u>	out att	cstati	<u>011</u>
Ci	ty/Town	:					PIN														
Ph	/Mobile No.	:					,		1 1	l	1										
E-	mail ID																				

## **8. 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 of	Year	A	GGREGA MARKS	ATE	Subjects /	Duration	Board/	
Examination	Examination passed	of	Max. Marks	Marks obtained	% age of Marks	Specialization	of course (in months)	University	
High School									
(Class X)									
Intermediate									
(Class XII/PUC)									
Graduation									
(B.A/B.Sc./B.Te ch/B.Eetc.)									
Post Graduation									
(M.A/M.Sc./ MCA/M .Tech)									
Others if any (Specify)									

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

N	lame of	Write name		AGGR	EGATE M	ARKS			
Examination (with complete name of course passed)		of Examination passed	Year of passing	Max. Marks	Marks obtained	% age of marks	Subjects /Specialization	Duration of course (in months)	Board/ University
	El.Ed/D.Ed								
(specify	)								
B.Ed	Theory								
D.E.G	Practical								
BE/B.T	ech (CS)/								
СТЕТ									

1(	. Teaching	Experience for t							
	Post held	Name of Institution	Period of From	f service To	No. of cor years &n		Class taught	Subjects taug	cale of pay and alary per month
1		le to teach throuark $()$ tick in the				Y	ES	NO	
2		we knowledge of ark $()$ tick in the			aching posts	Y	ES	NO	
co				rmation giv		ue and corr		at of my knowledg	

interview/selection. My candidature may be cancelled in case any information is found to be incorrect on verification.

Place	-	
Date	Signature	
	Name	
	Contact No	
	E-mail ID:	

- 1. It is compulsoryto submit the photocopies of all the testimonials along with this Application
- 2. Candidates are requested to carry original testimonials along with them at the time of interview.