PM SHRI KENDRIYA VIDYALAYA MUZAFFARPUR APPLICATION FOR THE POST OF PART-TIME CONTRACTUAL TEACHERS : 2024-25

POST APPLIED FOR:...... SUBJECT:

1	Name of the Candidate :			Please affix one recent
2	Father's / Husband's Name :			photograph
3	Date of Birth :			without
4	Sex (Male/Female) :			attestation
5	Complete Postal Address			
	(with PIN code) :			
6	E-Mail Address :			
7	Mobile No. :	1.	2.	
8	CTET Qualified for			
	Primary/Secondary with year			

9. Academic Qualification (Starting from + 2 Stage) (Attach self-attested Xerox copies of mark sheets & certificates in serial order)

Name of Examination (write complete name of	Year of Passing	AGGREGATE MARKS			Subjects	Duration of Course (in months)	Board/ University
course passed		Max. Marks	Marks Obtained	%age of marks			
Senior Secondary (Class XII)							
Graduation (Name of course)							
Post-Graduation (Name of course)							
JBT/B.Ed. /D.Ed/ B.P.Ed (Specify)							
Others (if any) (Specify)							

10. Teaching Experience (Attach Self- Attested Xerox Copies of Certificates & Testimonials in Serial Order)

Post Held	Name of Institution	Whether Recognized (Yes/No)	Period of Service		No. of Completed months	Subject and Classes taught	Scale of pay and From To salary per month
			From	То			
11. Are you a	ble to teach through English	Yes No					

(Please Tick mark in the appropriate box)

DECLARATION TO BE SIGNED BY THE CANDIDATE

I hereby certify and declare that: 1. I am an Indian National.

2. I have read the provisions given in the Advertisement and I accept all the terms and conditions of contractual teachers in KVS.

3. All statements made and information given by me in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information or part of it being found false or incorrect my candidature/engagement shall automatically stand cancelled/terminated.

 I further declare that I fulfill all the conditions of eligibility regarding educational, professional qualifications, etc. prescribed for the post applied for as on date. The essential qualifications prescribed are possessed by me, the proofs of which have been enclosed.

PLACE: ___

DATE: _____