

## KENDRIYA VIDYALAYA No.1,ARAKKONAM.

## APPLICATION FORM FOR CONTRACTUAL TEACHERS FOR THE SESSION 2021-22.

1. Post applied for ( PGT/TGT/PRT/Mi	sc ) & Subject :	
2. Candidate's Name (in capital letter	s):	
3. Father's /Husband's Name (in capit	al letters):	РНОТО
<b>4.</b> Date of Birth:	_ 5. Age as on 01.07.2021:	
6. Gender:	_	
7. Candidate Address (in capital lett	ers):	
City/Town:	 PIN:	
Phone No:	<u> </u>	
Email-id:		
. Category: GEN / OBC / SC / ST		

9. Academic qualifications (Attach self-attested copies of mark sheets & certificates)

Name of	Year Of	AGG	GREGATE MA	ARKS	Subjects	Duration	Board/
Examination	passing	Max Marks	Marks Obtained	% of marks	/Specialization	of course (in Months)	University
High school (class X)							
Intermediate( Class XII)							
Graduation(BA/BSc/ BE/BTech etc)							
Post Graduation (MA/M.Sc/MCA/M.T ech)							
Others if any (Specify)							

10. Professional Qualification (Attach self-attested copies of mark sheets & certificates)

Name of	Year of	Aggregate Marks			Subject	Duration of	Board/University
the	passing	Max	Marks	% of	Specialization	the Course(in	
Examination		marks	obtained	marks		months)	
JBT/B.EI.Ed							
D.Ed							
(specify)							
B.Ed							
BE/B.Tech							
Other if any							

11. Experience (Attach self-attested copies of mark sheets & certificates)

Period of Service

Post held

Name of

Signature of the verifying Officer

tile				Completed	taugiit	taugiit	per month
Institution	From	То	years &  Months				
		1					
		-					
3. If yes the Marks	arks obtain % le to teach t	ed and year Yea hrough Engl	of result in Carish and Hind	li, both?(Yes/NO)	ligibility Te	st (CTET)	
5. Do you hav	e knowledge	e of comput		n? (Yes/No) RTAKING			
knowledge. I h above. I also ag kandidature ma	ave attache gree that may ay be cancel	ed self-attes ere eligibilit led in case a	ted copies o	en above is true of my testimonia onfer right to be tion is found to be	ls in suppo called for e incorrect	ort of the endinterview/secon verification	ntries made election. My on.
Place :		<del></del>			signature .		
Date :					Name :		
			(FO	R OFFICE USE)			
ertified that t	he candidat	e is eligible /	not eligible	for the post of			

No. of

Completed

Classes

taught

Subject

taught

Scale of

pay & Salary

Note by Panel Members: