KENDRIYA VIDYALAYA, BOUDH

APPLICATION FORM FOR PART TIME/ CONTRACTUAL TEACHERS/INSTRUCTORS/COACHES

Important notes: 1. All entries should be made in capital letters Date- 16.02.2023/17.02.2023 2. One form should be used for one post. 3. Enclose attested copies of testimonials with each form. (If applied for more than one post) 1. SUBJECT APPLIED FOR POST APPLIED FOR (Please indicate whether PGT/TGT/PRT/Special (In case of PGT/TGT) Educator/Computer Instructor/Yoga Instructor/Odia Instructor/Coaches/ Doctor/Nurse/ Counseller in the box) POST: SUBJECT: 2. Candidate's Name (in capital letters) (Please keep one box blank between First name, Middle name & Last name) Husband 3. Father's /Husband's Name (in capital letters) Father (Please keep one box blank between First name, middle name & Last name) 5. Gender 4. Date of Birth: Μ F (Please Tick) DAY MONTH YEAR **6. Age** as on 28-02-2023 Year Month Days affix Please one recent Photograph without attestation **7. Candidate Address** (in capitals letters) Name Father/Husband's Name: Address PIN City/Town

Signature of Candidate

8.Academic Qualification (Starting from High School level)

Ph. /Mobile No.

e-mail ID

:1.) 2.)

(Please give information as applicable, (Attach attested copies of Mark sheets and Certificates)

Name of Examination	Year of passing	Medium of Instruction	AGGREGATE MARKS			Subjects	Duration	Board/
(with complete name of course passed)			Max. Marks	Marks obtained	%age of marks	/Specialization	of course (in months)	University
High School (Class X)								
Intermediate (Class XII)								
Graduation (Name of Course)								
Post Graduation (Name of Course)								
Others if any (Specify)								

9. Profess	sional (Qualif	ication (Attach atte	ested copi	ies of mar	k sheets	& certificates)		
Name of Examination (with complete name of course passed) JBT/B.E.ED/ (specify)		Write name of Examination passed		Year of passing	AGGREO Max. Marks	Marks obtained		Subjects /Specialization	Duration of course (in months)	Board/ University
B.ED										
BE/B.Tech MBBS Degree/Dip in Nursing Other if any (specify)	oloma									
10. Exper	ience (Attac	h separa	ite sheet, if	columns	are insuff	ficient)			
Post held	Name of Institution			of service To	No. of completed years & months		Class taught	Subjects taught		Scale of pay and salary per month
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	NAME	WITH	DESIGN	IATION						