KENDRIYA VIDYALAYA CMM, JABALPUR

APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS/MISSELANEOUS POSTS **SESSION 2023-24**

	orm should be use	d for one post.		If applied for more than one post)					
POST APPLIED FOR	I I	CT APPLIED FOR of PGT/ TGT)	[*Applicable	*Registration No. [*Applicable for the Post of Educational Counsello Or for the post of Doctor/Nurse (with MCI/NCI)					
Candidate's Name (in ca	pital letters) (Pleas	e keep one box blank betwee	en First name, Midd	dle name & Last name)					
Date of Birth: DAY Age (as on 31.03.2023)	MONTH	YEAR	5. Gende (Please Tic						
DAY	Year		(Please Tic	Please affix one recent					
Age (as on 31.03.2023)	Year		(Please Tic	ck) M F T					
Age (as on 31.03.2023) Candidate Address (in of state and the state of the state o	Year		(Please Tic	Please affix one recen					

Name of Examination (with complete name of course passed)	Name of Examination passed	Year of passing	AGGREGATE MARKS			Subjects /	Duration	Board/
			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)								

	essional Qualifi				_		1			Dog-4/		
(with co	e of Examination complete name of ourse passed)	Name of Examination passed	Year of passing	Max. Marks	Marks obtained	%age of marks	Subjects / Specialization	of co	urse	Board/ University		
CTET (Qualifi												
	(VI to VIII)											
Quaim	Theory											
B.ED.	Practical											
Nursery Educati B.Ed. (I NCTE r Institut	s Diploma in y Teacher on/ D.E.C.Ed. Nursery) from recognised tion.											
Others	, if any (specify)											
Post	10. Experience (Attach Post Name of held Institution		Period of service From To		No. of completed years &		Subje	Subjects taught		Scale of pay and salary per month		
				m	onths					-		
	you able to teates $()$ tick						YES		N	0		
	ou have know						YES		N	0		
13. Are	(Please mark ($$) tick in the appropriate box) 13. Are you a family member of KVS Employee (Please mark ($$) tick in the appropriate box)						YES		N	0		
•	s , then provide t		ppropri	ate box _.)	L						
Nam Desi KV	ignation :											
					TAKING							
have att	r certify that all tached attested re eligibility doe	copies of mes not confe	ny testim er right t	onials i o be call	n support led for int	of the erview/s	entries mad selection. My	e abov	ve. I a	also agree		
cancene	d in case any inf	oi iiiau0II IS	s iouiiu ll	o de ilico	niect on v	ei iiicati()11.					
Place:	Place:				S	Signature:						
Date:					N	Name:						

Contact No.: