

## **KENDRIYA VIDYALAYA NO.1 SRINAGAR**

## APPLICATION FORM FOR APPOINTMENT OF TEACHERS/INSTRUCTORS/COACHES ON **CONTRACT BASIS FOR THE SESSION 2021-22**

|  | Applic   |          |         |         |                    |         |       |        |         |          |        |      |                     |          |        |                      | -      |       |                |
|--|--|----------|---------|---------|--------------------|---------|-------|--------|---------|----------|--------|------|---------------------|----------|--------|----------------------|--------|-------|----------------|
|  | Details of CTET if applying for PRT/TGT Year Score  Important Instructions: 1. All entries should be made in capital letters |          |         |         |                    |         |       |        |         |          |        |      |                     |          |        |                      |        |       |                |
|  | Impor  | tant I   | nstruc  | tions:  |                    | 1.      | 2. 0  | One fo | orm sh  | ould l   | e usec | l fo | r one post          |          |        |                      |        |       |                |
|  |  |          |         |         |                    |         | 3. ]  | Enclos | se self | attest   | ed cop | ies  | of testimo          | onials v | vith e | ach foi              | m.     |       |                |
|  |  |          |         |         |                    |         |       |        |         |          |        |      |                     |          |        |                      |        |       |                |
| Candidate's Nai                          | <b>ne</b> (in c  | apital   | letters | )(Pleas | e kee <sub>l</sub> | p one   | box b | lank b | etwe    | en Firs  | st nam | e,M  | liddle nan          | ne &La   | st na  | me)                  |        |       |                |
|  |  |          |         |         |                    |         |       |        |         |          |        |      |                     |          |        |                      |        |       |                |
| .Father's /Husband<br>(Please keep one b |  | -        | -       |         |                    | niddle  |       | her    | st nan  | ]<br>ne) |        |      | Husbar              | nd       |        |                      |        |       |                |
| (Flease Reep offer                       | 1  | 1        | 1       | 1       | c,                 | T       | 1     | 1      | 1       | ,        | 1      |      |                     |          |        | 1                    |        |       |                |
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| Date of Birth:                           |  |          |         |         |                    |         |       |        |         |          |        |      | 4. Gende<br>(Please |          |        | М                    |        |       | F              |
|  |  | DAY      |         |         | MONTH              | •       |       |        | YEAR    |          | •      |      | (Ficase             | i ick)   |        |                      |        |       |                |
| .Age as on 01.03.20                      | 021  |          |         | Yea     | r                  |         |       | Mon    | th      |          | D      | ays  |                     |          |        |                      |        |       |                |
| .Candidate Addres                        | s (in ca   | pitals l | etters) | )       |                    |         |       |        |         |          |        |      |                     |          |        | Please               |        | one   | recent         |
| Name                                     | :  |          |         |         |                    |         |       |        |         |          |        |      |                     |          |        | Photogi<br>attestati |        | W     | <u>rithout</u> |
| Father/Husban                            | d's Nar  | ne:      |         |         |                    |         |       |        |         |          |        |      |                     |          |        |                      |        |       |                |
| Address                                  | :  |          |         |         |                    |         |       |        |         |          |        |      |                     |          |        |                      |        |       |                |
|  | :  |          |         |         |                    |         |       |        |         |          |        |      |                     |          |        |                      |        |       |                |
|  | :  |          |         |         |                    |         |       |        |         |          |        |      |                     |          |        |                      |        |       |                |
| City/Town                                | :  |          |         |         |                    |         |       | PIN    |         |          |        |      |                     |          |        |                      |        |       |                |
| Ph/Mobile No.                            | :  |          |         |         |                    |         |       |        |         |          |        |      |                     |          |        |                      |        |       |                |
|  |  |          |         |         |                    |         |       |        |         |          |        |      |                     |          |        |                      |        |       |                |
|  |  |          |         |         |                    |         |       |        |         |          |        |      |                     |          |        | Signa                | ture o | of Ca | ndidat         |
| .Academic Qualific                       | ation/9  | tarting  | from    | High C  | chool              | ۱۱میرما |       |        |         |          |        |      |                     |          |        |                      |        | •     | •              |

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

| Name of Examination                   |                    |                 | AGGI          | REGATE MAI        | RKS                 | %age in            | Duration                    |                      |
|---------------------------------------|--------------------|-----------------|---------------|-------------------|---------------------|--------------------|-----------------------------|----------------------|
| (with complete name of course passed) | Examination passed | Year of passing | Max.<br>Marks | Marks<br>obtained | %age<br>of<br>marks | Subject<br>applied | of course<br>(in<br>months) | Board/<br>University |
| High School(Class X)                  |                    |                 |               |                   |                     |                    |                             |                      |
| Intermediate(Class<br>XII)            |                    |                 |               |                   |                     |                    |                             |                      |
| Graduation<br>(Name of Course)        |                    |                 |               |                   |                     |                    |                             |                      |
| Post Graduation<br>(Name of Course)   |                    |                 |               |                   |                     |                    |                             |                      |

|                               | ners if any<br>Specify) |                     |                  |               |                   |               |                 |                    |                              |         |                              |
|-------------------------------|-------------------------|---------------------|------------------|---------------|-------------------|---------------|-----------------|--------------------|------------------------------|---------|------------------------------|
|                               | <u> </u>                |                     |                  | <u>l</u>      |                   |               | 1               | I                  |                              |         | -1                           |
|                               |                         |                     |                  |               |                   |               |                 |                    |                              |         |                              |
| Profession                    | aal Oualificatio        | on (Attach atteste  | nd conject of m  | ark chapts &  | cortificate       | ac)           |                 |                    |                              |         |                              |
|                               | ame of                  | on (Attach atteste  | tu copies oi iii |               | EGRATE M          |               |                 |                    |                              |         |                              |
| Exa                           | Examination             |                     | Year of          |               |                   |               | Subjects        |                    | Duration<br>of course<br>(in |         | Board/                       |
| (with complete name of course |                         | passed              | passing          | Max.<br>Marks | Marks<br>obtained | %age of marks | /Specialization |                    |                              |         | University                   |
|                               | assed)                  |                     |                  | Warks         | obtained          | marks         |                 |                    | mo                           | nths)   |                              |
| JBT                           | /B.E.ED/                |                     |                  |               |                   |               |                 |                    |                              |         |                              |
| (s                            | pecify)                 |                     |                  |               |                   |               |                 |                    |                              |         |                              |
| B.ED -                        | Theory                  |                     |                  |               |                   |               |                 |                    |                              |         |                              |
|                               | Practical               |                     |                  |               |                   |               |                 |                    |                              |         |                              |
|                               | M.Ed                    |                     |                  |               |                   |               |                 |                    |                              |         |                              |
| Oth                           | er if any               |                     |                  |               |                   |               |                 |                    |                              |         |                              |
|                               | pecify)                 |                     |                  |               |                   |               |                 |                    |                              |         |                              |
|                               |                         |                     |                  |               |                   |               |                 |                    |                              |         |                              |
| Evnerie                       | nca (Attach s           | separate sheet, if  | Columne are      | incufficion   | .t)               |               |                 |                    |                              |         |                              |
| Laperie                       | Title (7 titaen s       | separate sheet, h   |                  | d of service  | No.               | of            |                 |                    |                              | C       | vala of mary an              |
| Post held                     | d Naı                   | me of Institution   |                  |               | compl             |               | Class           | Subjects<br>taught |                              | 30      | cale of pay ar<br>salary per |
|                               |                         |                     | Fron             | n To          | years             |               | taught          |                    |                              |         | month                        |
|                               |                         |                     |                  |               |                   |               |                 |                    |                              |         |                              |
|                               |                         |                     |                  |               |                   |               |                 |                    |                              |         |                              |
|                               |                         |                     |                  |               |                   |               |                 |                    |                              |         |                              |
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|                               |                         |                     |                  |               |                   |               |                 |                    |                              |         |                              |
|                               |                         |                     |                  |               |                   |               |                 |                    |                              |         |                              |
| 0. Are you                    | able to teach           | through English a   | and Hindi, botl  | h?            |                   | Г             |                 |                    | 1 -                          |         |                              |
| (Please                       | mark ( $$ ) tick        | in the appropriate  | e box) For tead  | ching posts   |                   |               | YES             |                    |                              | NO      |                              |
| l. Do you                     | have knowled            | ge of computer ap   | oplication?      |               |                   | F             | VEC             |                    |                              |         |                              |
|                               |                         | in the appropriate  |                  | hing posts.   |                   |               | YES             |                    | NO                           |         |                              |
| 2. Any oth                    | er information          | n in support of sui | tability for the | e post.       |                   | L             | Į.              |                    |                              |         |                              |
|                               |                         |                     |                  | r             |                   |               |                 |                    |                              |         |                              |
|                               |                         |                     |                  |               |                   |               |                 |                    |                              |         |                              |
|                               |                         |                     | UN               | DERTAKI       | NG                |               |                 |                    |                              |         |                              |
| harahu aa                     | tify that all th        | e information giv   | en above is tr   | us and sorra  | at to the h       | act of my la  | noviladaa       | I horro            | ottoob                       | ad atta | stad aanias s                |
|                               |                         | the entries made    |                  |               |                   |               |                 |                    |                              |         |                              |
| Iy candida                    | ture may be ca          | ancelled in case a  | ny informatio    | n is found to | be incorred       | ct on verific | cation.         |                    |                              |         |                              |
|                               |                         |                     |                  |               |                   |               |                 |                    |                              |         |                              |
| lace                          |                         |                     |                  |               |                   |               |                 |                    |                              |         |                              |
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| atc                           |                         |                     |                  |               |                   |               |                 |                    |                              |         |                              |
|                               |                         |                     |                  |               |                   |               | Sig             | nature             |                              |         |                              |
|                               |                         |                     |                  |               |                   | Na            | me              |                    |                              |         |                              |
|                               |                         |                     |                  |               |                   |               | act No          |                    |                              |         |                              |
|                               |                         |                     |                  |               |                   |               |                 |                    |                              |         |                              |
|                               |                         |                     |                  |               |                   | Email         | l Id            |                    |                              |         |                              |