

KENDRIYA VIDYALAYA

BAOLI, BAGHPAT

APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS/
INSTRUCTOR/ COACH/ EXPERT/ NURSE/YOGA TEACHER/SUB STAFF/DEO

SESSION 2021-22

Important note: 1. All entries should be made in capital letters

- 2. One form should be used for one post.
- 3. Enclose attested copies of testimonials with each form. (If applied for more than

POST APPLIED FOR (Please indicate whether PGT/TGT/PRT/ ComputerInstructor/Experts in Art & Craft/ Coaches/Doctor/Nurse/Yoga teacher/Counsellor/DEO in the box)	one post)	<u> </u>
Candidate's Name (in capital letters)(Please keep one box blank between First name, Middle name & Last name) Father's /Husband's Name (in capital letters) (Please keep one box blank between First name, middle name & Last name) Pather Father Husband Father Husband Father Age as on 31.03.2020 Year Month Days Please affix one recent Photograph without attestation Please affix one recent Photograph without attestation Please affix one recent Photograph without attestation City/Town Figure 1 Father's /Husband's Name: Address City/Town PlN PlN PlN PlN PlN PlN PlN Pl	(Please indicate whether PGT/TGT/PRT/ ComputerInstructor/Experts in Art & Craft/ Coaches/Doctor/Nurse/Yoga teacher/Counsellor/DE	(In case of PGT/TGT)
Father's /Husband's Name (in capital letters) (Please keep one box blank between First name, middle name & Last name) Date of Birth: DAY MONTH YEAR Age as on 31.03.2020 Year Month Days Candidate Address (in capitals letters) Name : Father/Husband's Name: Address : City/Town Ph/Mobile No. :		
Please keep one box blank between First name, middle name & Last name) Date of Birth: Day Month YEAR Age as on 31.03.2020 Year Month Days Please affix one recent Photograph without attestation Photograph without attestation City/Town Ph/Mobile No. PIN	. Candidate's Name (in capital letters)(Plea	se keep one box blank between First name, Middle name & Last name)
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Father/Husband's Name: Address : : : City/Town : PIN Ph/Mobile No. :	•	Photograph without attestation
Address : : City/Town : PIN		
Ph/Mobile No. :		
Ph/Mobile No. :	:	
Ph/Mobile No. :	:	
E-mail Id :		NIN NICE AND
	E-mail Id :	

8. Academic Qualification (Starting from High School level)

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

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

	essio	onal Q							k certificates)		
Name of Examination (with complete name of course passed)		Write name of Examination		Year of passing	AGGRE Max. Marks	GRATE MAI Marks obtained	RKS %age of marks	Subjects /Specialization	Duration of course (in	Board/ University	
JBT/B.E			passed							months)	
(specify)	·)										
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Other if											
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						application and a second contract the second contract and a second		ng posts	YES	NO_	
13. Wh	ıy do	you j	prefer 1	to wor	k in this o	rganisatio	n? Write a	about it ir	n 50 words:		
					UN	IDERTAI	KING				
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Place									Signatur	e	
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Contact	No.										
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