## केंद्रीय विद्यालय दुलियाजान, ऑयल/KENDRIYA VIDYALAYA DULIAJAN, OIL

## APPLICATION FORM FOR ENGAGEMENT OF TEACHERS/INSTRUCTORS/COACHES EXPERTS/COUNSELLOR/YOGA, ETC. ON PART TIME CONTRACTUAL BASIS FOR THE SESSION 2024-25

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

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

POST APPLIED FOR:  (Please indicate whether PGT/TGT/PRT/Computer Instructor/Games Coach/Yoga Teacher/Staff Nurse, etc in the box)									SUBJECT APPLIED FOR:									
2. Candidate's name (Please leave one box blank l								nk bet	between First, Middle and Last name).									
Father's name/Husband's name.  (Please leave one box blank between First, Middle and L.)									Father Husband Last name).									
<ul><li>4.</li><li>6.</li><li>7.</li></ul>	6. Age as on 20.11.2024.   Years   Months   Days										5. Gender M F tick)							
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City/	Γown																	
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E. ma	ail id																	

8. Academic qualification (starting from High School level) (Please give information as applicable. (Attach self attested copies of certificates and testimonials).

Name of	Write	Year of	Αg	ggregate Ma	arks	Subjects/	Duration	Board/ University	
Examination (With complete name of course passed)	name of Examina- tion passed	passing	Max. marks	Marks obtained	%age of marks	Specialization	of course (in months)		
High School									
(Class X)									
Intermediate									
(Class XII)									
Graduation (Name									
of Course)									
Post Graduation									
(Name of Course)									
Others, if any (Please specify)									

Name of Examination (With complete name of course passed)		Write name of Examination passed		Year passi			Aggregate M	arks	Subjects/ Specializati	Duration of	Board/ University
						Max. marks	Marks obtained	%age of marks	on	course (in months)	
JBT/B.E.E (Please sp											
B.Ed.	(Theory)	eory)									
(	(Practical)										
BE/B.Tecl	n. (CS)										
Other, if a specify)	ny (Please										
10. E	kperience (A	Attach s	epara	te shee	et, if	columns	s are insuffici	ent).			
Post held	<b>I</b>	Name of Institution			of service		No. of completed years & months		Class taught	Subjects taught	Scale of pay and salary
			Fr	om		То					per month
	re you able Please tick n			_	-		ndi, both ? eaching post	s. YES		NO	
	o you have Please tick n						ion ? eaching post	s. YES		NO	
						<u>UN</u>	IDERTAKIN	<u>3</u>			
attached a mere eligi	attested cop	oies of lot conf	my ce er righ	rtificate it to be	es ar calle	nd testing ed for in	nonials in su	pport of th		above. I a	ledge . I have also agree that ed in case any
Place :								Sig	nature :		
Date :								Nar	ne :		
Notes of the	ne documer	nts verif	ying C	Commit	tee :	=					
1.											
2.											

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

9.