## KENDRIYA VIDYALAYA ONGC MEHSANA (GUJ.) APPLICATION FORM FOR APPOINTMENT OF TEACHERS/INSTRUCTORS/COACHES/

DOCTOR/NURSE,COUNSELLOR/YOGA, ETC ON COTRACT BASIS.

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

(Specify)

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.                  | POST APPLIED FOR (Please indicate whether PGT/TGT/PRT/ /Computer Instructor/Experts in Art & Craft/ Coaches/Doctor/Nurse/Yoga in the box) |                     |                |                       | SUBJECT APPLIED FOR (In case of PGT/TGT) |             |                           |                  |                      |
|---------------------|---|---------------------|----------------|-----------------------|--|-------------|---------------------------|------------------|----------------------|
|                     |   |                     |                |                       | <b>—</b>                                 |             |                           |                  |                      |
| 2. Candi            | idate's Name (in  | capital letters) (P | lease keep one | box blank             | between Firs                             | st name, N  | /liddle name &            | Last name)       |                      |
|                     |   |                     |                |                       |  |             |                           |                  |                      |
|                     | e <b>r's /Husband's N</b><br>se keep one box b  |                     |                | Father<br>le name & I | _ast name)                               |             | Husband                   |                  |                      |
|                     |   |                     |                |                       |  |             |                           |                  |                      |
|                     |   |                     |                |                       |  |             |                           |                  | _                    |
| 4. Date of Birth:   |   |                     |                |                       |  |             | 5. Gender                 | М                | F                    |
|                     |   | DAY                 | (Please T      |                       |  |             |                           |                  | ] [                  |
| 6 Ago a             | s on 21 02 202E   | DAT                 | MONTH          | 1 —                   | TEAK                                     |             | — Г                       |                  |                      |
| o. Age a            | s on 31.03.2025   |                     | Year           | Mon                   | th                                       | Days        |                           |                  |                      |
| 7. C <u>and</u> i   | <b>idate Address</b> (in  | capitals letters)   |                |                       |  |             |                           |                  |                      |
| Nam                 | ne :  |                     |                |                       |  |             |                           | Please affix     | one recent           |
| Fath                | ner/Husband's Na  | me:                 |                |                       |  |             |                           | Photograph witho | out attestation      |
| Add                 | ress :  |                     |                |                       |  |             |                           |                  |                      |
|                     | :   |                     |                |                       |  |             |                           |                  |                      |
|                     | :   |                     |                |                       |  |             |                           |                  |                      |
| City                | /Town :   |                     | PIN            |                       |  |             |                           |                  |                      |
| Ph/I                | Mobile No. :  |                     |                |                       |  |             |                           |                  |                      |
| E-N                 | 1ail :  |                     |                |                       |  |             |                           |                  |                      |
|                     | emic Qualification give information a   |                     | -              | •                     | ark sheets ar                            | nd Certific | ates)                     | Signature of     | f Candidate          |
| Name of Examination |   | Write name          |                | AGG                   | REGATE MA                                | 1           |                           | Duration         | ,                    |
|                     | th complete name  | l ot                | Year of        | Max.                  | Marks                                    | %age<br>of  | Subjects / Specialization | of course        | Board/<br>University |
| of                  | course passed)  | n passed            | passing        | Marks                 | obtained                                 | marks       | Specialization            | n (in<br>months) | University           |
|                     | Intermediate  | 1. 2.2.2.2          |                |                       |  |             |                           |                  |                      |
|                     | (Class XII)   |                     |                |                       |  |             |                           |                  |                      |
|                     | Graduation  |                     |                |                       |  |             |                           |                  |                      |
|                     | lame of Course) ost Graduation  |                     |                |                       |  |             |                           |                  |                      |
|                     | lame of Course)   |                     |                |                       |  |             |                           |                  |                      |
| (1)                 | Others if any   |                     |                |                       |  |             |                           |                  |                      |

9. Professional Qualification (Attach attested copies of mark sheets & certificates) AGGREGRATE MARKS Name of Write name Duration Examination Subjects of course of Year of Board/ (with complete Max. Marks %age of Examination /Specialization University passing (in name of course Marks obtained marks passed months) passed) JBT/B.E.ED/ (specify) Theory B.ED Practical BE/B.Tech(CS)/MCA /MBBS Degree/Diploma in Nursing CTET/State Teacher **Eligibility Test** Other if any (specify) **10**. Experience (Attach separate sheet, if columns are insufficient) Period of service Scale of pay and Name of No. of completed Class Post held Subjects taught salary per Institution years & months taught To From month 11. Are you able to teach through English and Hindi, both? (Please mark ( $\sqrt{}$ ) tick in the appropriate box) For teaching posts YES NO 12. Do you have knowledge of computer application? YES NO (Please mark ( $\sqrt{ }$ ) tick in the appropriate box) For teaching posts **UNDERTAKING** I hereby certify that all the information given above is true and correct to the best of my knowledge. I have attached attested copies of my testimonials in support of the entries made above. I also agree that mere eligibility does not confer right to be called for interview/selection. My candidature may be cancelled in case any information is found to be incorrect on verification. Place\_\_ Date\_\_\_\_ Signature\_\_\_\_\_ Contact No.\_\_\_\_

Name