Certificate Verification as per prescribed			
qualifications done by (Qualified/ Not Qualified)			
Name	Signature		

REGISTRATION NO. (Office use only)

YSR KAD	DRIYA VIDYALAYA, KADAPA APA (Dist.) - 516002 -DATA FORM	PM SHERE Stand of the set of the	Photo
Name of the post applied for	:		
Name	:		-
Date of birth	:		-
Qualification	:		-
Postal address	:		-
	:		-
	:		-
Phone number	:		-
E-mail	:		_
Married / Unmarried	:		-
Sex (Male / Female)	:		-
Category (SC/ST/OBC/GEN)	:		-
Father/ Husband's Name	:		-
Father/ Husband's Mobile No.	:		_

	EDUCATIONAL QUALIFICATION (Class XII onwards):- Certificates should be produced									
S. No.	Name of examination	Board/University	All Subjects	Sored /	II Yr Marks Sored / Total Marks	III Yr Marks Sored / Total Marks	Marks Sored / Total Marks	% of Marks	Year of Passing	Division
1	Class XII/ Equivalent			NA	NA	NA				
2	B.A. / B.Sc./ B.Com./B.Tech. (Write Total marks obtained in each subject)	Total →								
3	M.A./ M.Sc./ MCA/ M.Tech			NA	NA	NA				
4	Diploma			NA	NA	NA				
5	Other Qualifications			NA	NA	NA				

PROFESSIONAL QUALIFICATION:-

· S. No.	Name of Examination	Board/University	Main Subjects	Year of Passing	% of Marks	Division
	D.Ed. or equivalent			r assing		DIVISION
	B.Ed. or equivalent					
	M.Ed.					
4	CTET (CBSE)	CBSE	Level I /Level II			
5	TET-State level			•	•	

EXPERIENCE (Certificates should be produced):-

· S. No. ·	Name of the Institution	· Post Held ·	Subjects Taught	Period No. of years & months completed.
1.				
2.				
3.				

Write briefly about your suitability to the post applied for:-

I hereby declare that the information given above is true to the best of my knowledge and if any information is found wrong, you may take any action against me. I also clearly understand that this post is purely temporary basis and I have no right to claim for permanent or regular appointment.

Date: _____

(Sign. of the Candidate)

Place:_____

Name: _____