



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

| Name of Examination<br>(with complete name of course passed) | Write name of Examination passed | Year of passing | AGGREGATE MARKS |                |               | Subjects /Specialization | Duration of course (in months) | Board/ University |
|--|----------------------------------|-----------------|-----------------|----------------|---------------|--------------------------|--------------------------------|-------------------|
|  |                                  |                 | Max. Marks      | Marks obtained | %age of marks |                          |                                |                   |
| CTET (I to V) Qualified                                      |                                  |                 |                 |                |               |                          |                                |                   |
| CTET (VI to VIII) Qualified                                  |                                  |                 |                 |                |               |                          |                                |                   |
| B.ED   | Theory                           |                 |                 |                |               |                          |                                |                   |
|  | Practical                        |                 |                 |                |               |                          |                                |                   |
| MBBS Degree /Diploma in Nursing / Counseling/Yoga            |                                  |                 |                 |                |               |                          |                                |                   |
| Other if any (specify)                                       |                                  |                 |                 |                |               |                          |                                |                   |

**10. Experience (Attach certificates if experience is in the recognized Schools)**

| Post held | Name of Institution | Period of service |    | No. of completed years & months | Class taught | Subjects taught | Scale of pay and salary per month |
|-----------|---------------------|-------------------|----|---------------------------------|--------------|-----------------|-----------------------------------|
|           |                     | From              | To |                                 |              |                 |                                   |
|           |                     |                   |    |                                 |              |                 |                                   |
|           |                     |                   |    |                                 |              |                 |                                   |
|           |                     |                   |    |                                 |              |                 |                                   |
|           |                     |                   |    |                                 |              |                 |                                   |

11. Are you able to teach through English and Hindi, both?

(Please mark (√) tick in the appropriate box) For teaching posts

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

12. Do you have knowledge of computer application?

(Please mark (√) tick in the appropriate box) For teaching posts

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

13. Are you a family member of KVS Employees (Please mark (√) tick in the appropriate box)

|     |                          |    |                          |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

14. Caste: GEN / SC/ ST/ OBC .....

**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 \_\_\_\_\_

Mobile No. \_\_\_\_\_

Name \_\_\_\_\_