



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

1212 149

Name of Examination (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)								

**12. Experience (Attach self attested copies of 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				

13. 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"/>
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14. Do you have knowledge of computer application ? (Please  
mark (√) tick in the appropriate box ) for teaching post

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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**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.
- I am well aware that I am hereby applying for a panel of contractual teachers against the above said post and my service may be obtained at KV INA Colony as and when required in the session 2025-26 and that i am not entitled to any regular appointment on priority for employment against any post in Kendriya Vidyalaya Sangathan or at Kendriya Vidyalaya INA Colony in future in case of my selection in the said panel and that i shall not make any claim in this regard.

Place \_\_\_\_\_  
Date \_\_\_\_\_

Signature \_\_\_\_\_

Contact No. \_\_\_\_\_

Name \_\_\_\_\_