## KENDRIYA VIDYALAYA NO 1, IMPHAL (LAMPHELPAT) REGISTRATION/APPLICATION FORM

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

(Name of Course)

Others if any (Specific)

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

1.	POST APPLIED (Please indicate wheti Coach/Counsellor/Fo Manipuri(Meitei May		SUBJECT APPLIED FOR (In case of PGT/TGT)							
2. <u>Ca</u>	Lndidate's Name (in capita	al letters) (Please keep on	ie box blank b	etween F	irst name, N	liddle nam	e & Last name	e)		
3. Fa	ther's /Husband's Name	(in capital letters)	Fa	ther	]	Husband	1	<u> </u>		
(Pl	ease keep one box blank	between First name, midd	lle name & La	st name)						
4. Da	ate of Birth:						5. Gender (Please Tic	k)	М	F
6. Ag	ge as on 01.03.2025	Year		Month		Days				
	obile No (Mobile No shou					Days				
									Please aff	ix one recent
9. En	nail –id -						<u></u>		Photograp	oh <u>withou</u> t
LO. C	andidate Address (in capi	itals letters)						1	attestation	1
	Name : Father/Husband's Name Address	:								
	City/Town : Ph/Mobile No. :		PIN							
								] —	Signature	of Candidate
	Academic Qualification (State give information as ap			Mark char	ate and Carti	ficatos)				
		piicable. (Attach Seli-attes	Lea copies of		GREGATE MA				Duration	
Name of Examination (with complete name of course passed)		Write name of Examination passed	Year of passing	Max. Marks	Marks obtained	%age of marks	Main Subje Specializat		Duration of course (in months)	Board/ University
	High School (Class X)									
	Intermediate (Class XII)									
	Graduation (Name of Course)									
	Post-Graduation									

<del></del>	Name of Examination (with complete name of course passed)		ame ation d	Year of passing	AGG Max. Marks	REGRATE Mark obtain	s %a	ge of arks	Main Subjects /Specialization	Duration of cour (in yea	urse	Board/ University
JBT/B.EI.ED/D.	.ED(specify)											
B.ED												
MBBS/Degree/ in Nursing	/Diploma											
Other if any(sp	ecify)											
3. Experience (A	Attach separa	te sheet, if c	olumns ar	e insufficient	)							
<b></b> (	Post held Name o		Period of service		No. of completed		Class				Scale of pay	
Post held					years mont	<b>&amp;</b>	taught		Subjects taught			
4. Are you able	e to teach th	rough Engl	lish and I	Hindi, both?	YE	ES/NO						
<b>5.</b> Do you have	e knowledge	of compu	ter applic	eation?	YE	ES/NO						
6. Is any relativ	ve/blood rela	ation servir	ng in KVS	S? :								
If Yes: Nam	e of relative	/ blood rela	ation serv	ing in KVS:	:							
				· ·								
Desi lote: - All Ca	gnation:	are direc	ted to f	Name	of KV/Offi	ce:					on we	bsite.
Desi lote: - All Ca	gnation:	are direc	ted to f	Name  ill the Goo e/82kn4wD	of KV/Offi	manda X9W6					on we	bsite.
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