KENDRIYA VIDYALAYA SILVASSA

	APPLICAT	ION FORM F	OR APPO	DINTMEN	NT OF TEA	CHER		TRACT BAS	<u>IS</u>	
	ENTRIES SHOULI FORM JSHOULD CLOSE ATTESTED (BE USED FOR O	NE POST.		ORM. (If appl	ied for 1		ISSION: 2	025-26	
POS	APPLIED F	OR			[SUBJECT APPLIED FOR				
Candidate's Name	(in capital lette	rs) (Please ke	ep one bo	x blank be	tween First	name,	Middle na	me & Last na	me)	
Father's / Husb	•					band				
(Please keep one bo	Diank betwee	en First name,	middle ha	ame & Las	t Name)					
									1 1	
Age as on 31.03 Candidate Ad		ear I letter)	Month]	ays			·		
Name	:									
Father/Husba	nd's Name:									
Address	:								affix one recent pho (Without attestation	
City/Town	:									_/
Ph/Mobile No Email Id	. :									
Emailio	:									
Academic Qualificat Please give infor	tion (Starting from I mation as applicabl			ark sheets ar	d Certificates)			s	gnature of Cano	litate
Name of	Write Name of		Ag	gregate N	larks			Duration of]
Examination(with complete name of course passed)	Examination Passed	Year Of Passing	Max. Marks	Marks Obtained	% age of marks		Subject/ ecialization	Course (in Months)	Board/ University	r
High School(Class X)										
Intermediate (Class XII)										

Name of	Write Name of		Ag	gregate N	larks		Duration of	
Examination(with complete name of course passed)	complete name of Passed Year Of Passing	Max. Marks	Marks Obtained	% age of marks	Subject/ Specialization		Board/ University	
High School(Class X)								
Intermediate (Class XII)								
Graduation (Name Of Course)								
Post Graduation (Name Of Course)								
Other If Any (Specify)								

10 Proffessional Qualification (Attach attested copies of mark sheets & certificates)

Name of	Write Name	Year Of		gregate N	,	Subject/ Specialization	Duration of	Board/
Examination(with complete name of	of Examination	Passing	Max. Marks	Marks Obtaine	% age of marks		Course (in Months)	University
D.Ed/ B.El.Ed								
B.ED								
BE/ B.B.Tech (CS)/ MBBS Degree/ Diploma in								
Other If Any (Specify)								

11 Experience (Attach separate sheet, if column are insufficient)

Post Held Name Of Institution		Period of service		No of Completed Years	Class Taught	
				& Months		
		1				

12 Are you able to teach through English and Hindi, both? Please mark (tick I the appropriate box) For teaching posts

YES			
YES		NO	

13 Do you hae knowledge of computer application? Please mark (tick I the appropriate box) For teaching posts

UNDERTAKING

attested copies of my testimonials in support of the e	true and correct to the best of my knowledge. I have attached ntries made above. I also agree that mere eligibility does not confer ature may be cancelled in case any information is found to be
Place :	
	Signature of Candidate
Date :	
Contact No.:	Name

verified by (Name & Sign) :

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