केंद्रीय विद्यालय दापोरिजो

KENDRIYA VIDYALAYA, DAPORIJO

APPLICATION FORM FOR APPOINTMENT OF PART TIME CONTRACTUAL BASIS FOR THE SESSION 2025-26

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

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

POST APPLIED FOR: (Please indicate whether TGT/PRT/Computer Instructor/Special Educator /Counsellor in the box)	SUBJECT APPLIED FOR:							
2. Candidate's name (Please leave one box blank between First, Middle and Last name).								
 Father's name/Husband's name. (Please leave one box blank between First, Middle and 	Father Husband Last name).							
4. Date of Birth. (dd/mm/yyyy)	5. Gender M F (Please tick)							
6. Age as on 31.03.2025. Years Months Days								
7. Candidate's Address.								
Name								
Father/Husband's Name								
Address including PIN	Please affix self attested passport size recent colour photographs							
City/Town								
Ph/Mob No								
E. mail id								

8. Academic qualification (starting from High School level) (Please give information as applicable. (Attach self attested copies of certificates and testimonials).

Name of	Write	Year of	Aggregate Marks			Subjects/	Duration	Board/
Examination (With complete name of course passed)	name of Examina- tion passed	passing	Max. marks	Marks obtained	%age of marks	Specialization	of course (in months)	University
High School (Class X)								
Intermediate (Class XII)								
Graduation (Name of Course)								
Post Graduation								

	of Cou	rse)										
	, if any e specil	fv)										
(<u> </u>									l		
9.	Profes	ssional (Qualifica	ation	(Attach	attested co	pies of mark	sheets & c	ertificates).			
		Write			I	55 5			Duration of	Board/ University		
comple	complete name of course passed)		Examina- tion passed		pass	Max. marks	Marks obtained	%age of marks	Specializati on	course (in months)		
JBT/B. El.Ed.)	EI.Ed/D).Ed/D.	paooc	, u						- monuto)		
B.Ed.	(The	eory)										
	(Pra	ctical)										
BE/B.T	ech. (C	S)										
Other, specify	if any (l	Please										
10.	Exper	ience (A	ttach s	epara	ate shee	t, if column	s are insuffic	cient).				
Post held Name Institut				rom To		No. of completed years & months		Class taught	Subjects taught	Scale of pay and salary per month		
11.	-						indi, both ? teaching pos	sts. YES		NO		
12.	Do yo	Please tick mark in the appropriate box) for teaching posts. Do you have knowledge of computer application? Please tick mark in the appropriate box) for teaching posts. YES NO										
	`			·		UI	NDERTAKIN	IG				
	l here	ehv certi	fy that	all th	e inform				ect to the hest	of my know	/ledge . I have	
mere e	ed attes eligibility	sted cop	ies of r	ny ce er rigl	ertificates	s and testi called for i	monials in s	upport of th	e entries made	above. I a	also agree that led in case any	
Place	:							Sig	nature :			
Date	:							Nar	ne :			
Notes	of the d	ocumen	ts verify	ing (Committe	ee :-						
1.												
2.												