

PM SHRI KENDRIYA VIDYALAYA MUZAFFARPUR
APPLICATION FOR THE POST OF PART-TIME CONTRACTUAL TEACHERS 20____ - 20____

POST APPLIED FOR _____ SUBJECT: _____

1.	Name of the Candidate:		
2.	Father's / Husband's Name:		
3.	Date of Birth:		
4.	Sex (Male/Female):		
5.	Complete Postal Address:		
6.	Email Address:		
7.	Mobile Number:	1. 2.	
8.	CTET Qualified for Primary / Secondary with Tear		Affix Passport Size Photo

9. Academic Qualification Starting from +2 stage) [Attach self-attested copies of Marks Sheet & Certificates in Serial Order]

Name of Examination (Write Complete Name of the course Passed)	Year of Passing	Aggregate Marks			Subject	Duration of Course	Board University
		Max Marks	Marks Obtained	% age of Marks			
Senior Secondary (Class XII)							
Graduation (Name of Course)							
Post Graduation (Name of Course)							
JBT/B.Ed./D.Ed./ B.P.Ed.)Specify)							
Others (if any)							

10. Teaching Experience (Attach Self Attested Xerox Copies of Certificates & Testimonials in Serial Order)

Post Held	Name of Institution	Whether Recognized (Yes/No)	Period of Service		No. of Completed Months	Subject & Class Taught	Scale of Pay and From ____ To ____ Salary Per Month
			From	To			

**11. Are you able to teach through English and Hindi Medium both?
(Please put v mark in the appropriate box)**

Yes		No	
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DECLARATION TO BE SIGNED BY THE CANDIDATE

I hereby declare and certify that:

1. I am an Indian National.
2. I have read provisions in the advertisement and I accept all the terms and conditions of contractual teachers in KVS
3. All statements made and information given by me in this application are true and, complete and correct to the best of my knowledge and belief in the event of my information or part of it being found false or incorrect my candidature / engagement shall automatically stand cancelled / terminated.
4. I further declare that I fulfill all the conditions of eligibility regarding educational, professional qualifications, etc. prescribed for the post applied for as on date. The essential qualification prescribed are processed by me, the proofs of which have been enclosed.

Place: _____

Date: _____

Signature