



**8. Academic Qualification (Starting from High School level) (Please give information as applicable.)**

(Attach attested copies of Mark sheets and Certificates)

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			
High School (Class X)								
Intermediate (Class XII)								
Graduation (Name of Course)								
Post Graduation (Name of Course)								
Others if any (Specify)								

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

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			
JBT/BTC/D.EL.Ed (specify)								
B.ED	Theory							
	Practical							
BE/B.Tech(CS)/ MBBS Degree/Diploma in Nursing								
Other if any (specify)								

**10. Experience (Attach separate sheet, if columns are insufficient)**

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				

11. Is CTET Qualified: Yes/No, if Yes Paper1 Paper2

12. Are you able to teach through English and Hindi, both?

(Please mark (√) tick in the appropriate box) For teaching posts

YES		NO	
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13. Do you have knowledge of computer application?

(Please mark (√) tick in the appropriate box) For teaching posts

YES		NO	
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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.

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

Signature \_\_\_\_\_

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

Name \_\_\_\_\_