## केंद्रीय विद्यालय दुलियाजान, ऑयल / KENDRIYA VIDYALAYA DULIAJAN, OIL

## APPLICATION FORM FOR ENGAGEMENT OF TEACHERS/INSTRUCTORS/COACHES EXPERTS/COUNSELLOR/YOGA, ETC. ON PART TIME CONTRACTUAL BASIS FOR THE SESSION 2023-24

**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 PGT/TGT/PRT/Computer Instructor/Games Coach/Yoga Teacher/Staff Nurse, etc in the box)									SUBJECT APPLIED FOR :										
2.	Cano	idate's	s nan	ne (P	Please	leave	one b	ox blar	ık be	tween	First, I	Middle	and L	₋ast n	ame).		_	1	_
3. Father's name/Husband's name. Father (Please leave one box blank between First, Middle and Last name).																			
4. Date of Birth. (dd/mm/yy)  (Please  6. Age as on 30.06.2023.  Years   Months   Days  7. Candidate's Address.											F								
Nam	е																		
Fath	er/Husba	nd's N	Name	)															
Addr	ess inclu	ding F	PIN													oort si	fix self ze rec otograp	ent co	
City/	Town																		
Ph/M	lob No																		
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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	A	ggregate M	arks	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 (Name of Course)									
Others, if any (Please specify)									

Name of Examination (With complete name of course passed)		Write name Exami	of p	ear of assing	Max. marks	Aggregate M  Marks obtained	arks %age of marks	Subjects/ Specializati on	Duration of course (in	Board/ University			
		passe	d		IIIaiks	obtained	IIIaiks		months)				
JBT/B.E (Please													
B.Ed.	(Theory)												
	(Practical)												
BE/B.Te	ech. (CS)												
Other, if specify)	any (Please												
10.	Experience (	Attach s	eparate :	sheet, if	columns	are insuffici	ent).	1	1				
Post hel	d Name Institu			eriod of service		No. of completed years & months		Class taught	Subjects taught	Scale of pa			
			From		То					per month			
	Are you able (Please tick ı		_	-			s. YES		NO				
			nowledge of computer app ark in the appropriate box)				s. YES		NO				
					<u>UN</u>	IDERTAKING	<u>3</u>						
attached mere eli	attested co	pies of r	ny certifi er right to	cates and be call	nd testimed for in	nonials in su	pport of th	e entries made	above. I a	rledge . I have also agree that led in case any			
Place :							Signature :						
Date	:						Nar	ne :					
Notes of	the docume	nts verif	ying Com	nmittee :	:-								
1.													
2.													

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

9.