

KENDRIYA VIDYALAYA KODAGU

APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS/ T G T / P R T / COMPUTER INSTRUCTOR/ YOGA INSTRUCTOR/ /SPORTS COACH//NURSE/SUB STAFF/DEO

SESSION 2020-21

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

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

POST APPLIED FOR (Please indicate whether TGT/PRT/Computer Instructor/ Guidance counselor/ Yoga Instructor / Sports Coach/ Nurse/DEO/ Sub staff / in the box)						BJECT case of T		IED F	OR				
													
2. Candidate's	Name (in	a capital I	letters) (Plea	se keep one	e box blanl	k between Fi	rst name,	Middle na	me & Last na	ame)			
3. Father's /Hu (Please keep one box						Father			H	usban	d		
4. Date of Birth6. Age as on 317. Candidate AName	.03.2020	Ye		Me	onth	YEAR	Days		ender ise Tick) Please Photog	affix			cent
Father/Husband	's Name:												
Address	: :												
City/Town Ph/Mobile No. E-mail Id:	:		PI	N [
8. Academic Q	nalificatio	on (Start	ing from H	ligh Sch	nool lev	vel)			∳Sig	nature	of C	andid	ate

(Please give information as applicable, (Attach attested copies of Mark sheets and Certificates)

Name of Examination	Write name	Year of		REGATE MA		Subjects	Duration	Board/	
(with complete name of course passed)	of Examination 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 (Specify)									

Name of		Write name		Year of	AGGRE	GRATE MAI	RKS	Subjects	Duration	Board/
Examination (with comple	te name			passing	Max. Marks			/Specialization	of course (in	University
of course pas IBT/B.El.E		passe	1						months)	
(specify)										
B.ED Th	eory									
	actical									
BE/B.Tech	(CS)/									
MBBS Degree/Dip	oloma									
n Nursing	7101114									
Other if an	y									
specify)										
10. Expe	rience (Attacl	h separa	ite sheet, if	columns	are insuff	icient)			
Post Name				of service	No. of		Class	Subjects ta	Scale of pag	
held In	Institu	ution	From	To	comple		taught		and salary	
					years & months					per month
11	1-1-	4- 4	l. 4l	l- Tl'-l		. 12 141.9				
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				computer a				YES		VO
(Pleas	se mark	(√) ti	ck in th	e appropria	ite box) I	for teachi	ng posts			
13 Why	do vou	nrefei	r to wor	k in this or	ganizatio	n? Write :	about it i	n 50 words:		
13. Willy	uo you	preici	to wor	K III tills OI ;	gamzano	11. VVIIIC		n 50 words.		
				UNI	DERTA	KING				
I hereby o	certify the	hat all	the info				d correct	to the best of	my knowl	edge. I have
attached	attested	copie	s of my	ormation giv testimonial	en above Is in supp	is true and port of the	entries 1	made above. I	also agre	e that mere
attached eligibility	attested does no	copie ot conf	s of my fer right	ormation giv testimonial to be called	en above s in supp for interv	is true and port of the view/select	entries 1		also agre	e that mere
attached eligibility	attested does no	copie ot conf	s of my fer right	ormation giv testimonial	en above s in supp for interv	is true and port of the view/select	entries 1	made above. I	also agre	e that mere
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Contact No.____