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| **APPLICATION FORM**  KENDRIYA VIDYALAYA SANGATHAN , CHENNAI REGION  WALK IN INTERVIEW FOR KV Aruvankadu and Wellington | | |
| Application for Part-Time/Contractual appointment | | |
| ( To be filled in CAPITAL letters only )  **PGTs /TGTs / PRTs / Others** |  |  |
| Post applied for ………………………………………………………………………………………………………………… | | |

AFFIX PASSPORT SIZE PHOTO

1. Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Father’s/Husband’s Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Sex :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Date of Birth :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Mobile no. : 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. E-mail id :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Qualification : : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Aadhar Card : : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Sl.No | Qualification | Subjects | University/Board | Maximum Marks | Marks Obtained | % of marks |
| 1 | 10th |  |  |  |  |  |
| 2 | 12th |  |  |  |  |  |
| 3 | BA / B.Sc |  |  |  |  |  |
| 4 | M.Sc /MA/ M.Com |  |  |  |  |  |
| 5 | B.Sc.Ed/ MSc.Ed |  |  |  |  |  |
| 6 | Any other |  |  |  |  |  |

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| Sl.No | Examination | Subjects | University/Board | Maximum Marks | Marks Obtained | % of marks |
| 1 | B.Ed |  |  |  |  |  |
| 2 | M.Ed |  |  |  |  |  |
| 3 | CTET |  |  |  |  |  |

13. Experience:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl.No | Post | School/Institute | Experience | | In years | Classes  taught |
| From | To |
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Total Experience : …………… Years

13. Any other relevant details: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: ……………………………………

Date : NAME in CAPITAL : …………………………………