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| **APPLICATION FORM**KENDRIYA VIDYALAYA SANGATHAN , CHENNAI REGIONWALK 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 : …………………………………