

केन्द्रीय विद्यालय निलेश्वर

KENDRIYA VIDYALAYA NILESHWAR

C/O GWLPS compound, Kadinhimoola, Thaikadappuram(PO), Nileshwar(Via), District KASARAGOD - 671 314 (KERALA) (KVS - An autonomous body under Ministry of HRD - Govt. of India)

APPLICATION FORM FOR APPOINTMENT OF TEACHERS/INSTRUCTORS ON CONTRACT BASIS.

lm	portant notes:	2. One f	e entries : orm shou se atteste	ld be use	ed for o	one pos	st.		orm.								
	POST APPLIED FOR (Please indicate whether TGT/ PRT/ Sports Coach / Computer Instructor in the box)					SUBJECT APPLIED FOR (In case of (TGT)						Ph	Please affix one recent Photograph without attestation				
. C	andidate's Name Fir	e (in capi rst name	tal letters)	3. Fa	ther's /	/Husba	nd's Na	ıme (in	capit		rs) : name	Fathe:	r	Husb	and	
	Mide	dle name	•		•	<u></u>					Middle	nam	e				_
	L	ast name									Last	name)				_
4.	Date of Birth:	DAY		MONT	'H		Y	EAR			Gender ease Tio		Ŋ	И		F	
. A	age as on 31.03.	2021	Year		Мо	nth		Days									
. (Candidate Addro Address :	ess (in ca	pitals lett	ers) 													
	Ph/Mobile No.	:				IN]							
	E-Mail :.																

Signature of Candidate

8. Academic Qualifi (Please give inform	, ,	G	chool level) attested copies of Mark sheets a	nd Certificates)
Name of			ACCRECATE MARKS	

Name of		AG	GREGATE MA	ARKS		Duration		
Examination (with complete name of course passed)	Name of Institution	Year of passing	Max. Marks	Marks obtained	%age of marks	Subjects / Specialization	of course (in months)	Board/ University
SSLC								
Pre Degree								
Graduation (Name of Course)								
Post Graduation (Name of Course)								
Others if any (Specify)								_

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

7. I Totessional Quantication (Attach attested copies of mark sheets & tertificates)								
Name of			AGG	REGRATE M	ARKS		Duration	
Examination (with complete name of course passed)	Name of Institution	Year of passing	Max. Marks	Marks obtained	%age of marks	Subjects /Specialization	of course (in months)	Board/ University
TTC/B.EL.ED/ (specify)								
B.ED								
BE/B.Tech(CS)/								
СТЕТ								
State Teacher Eligibility Test(TET)								
Other if any (specify)								

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

Death-H	Name of Variation		od of vice	No. of completed years & months	Class taught	Subjects taught
Post held	Name of Institution	From	То			

11.	Are yo	u abl	e to t	eacl	ı in	Engli	sh and l	Hindi, '	both	medi	um?	
	(Please	marl	k (√)	tick	t in	the a	propri	iate bo	x) Fo	r teac	hing	posts
40							·			_		-

	wledge of computer application?
(Please mark (√) tick in the appropriate box) For teaching posts

YES		NO	
YES		NO	

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	Signature
Date	Name