## केंद्रीय विद्यालय डबरा/KENDRIYA VIDYALAYA DABRA

## <u>APPLICATION FORM FOR APPOINTMENT OF TEACHERS/MISCELLANEOUS POSTS</u> <u>SESSION 202</u>4-25

**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 testimonials with each form. (If applied for more than one post)

. POST APPLIED FOR					photo	affix one reograph without ttestation	
SUBJECT APPLIED FOR (IN CASE OF TGT)						ccestation	
2. CANDIDATE's NAME(IN	N CAPITAL L	ETTERS)(Plea	ase keep one bo	ox blank betwee		ture of Candi Middle Name &	
3. Father's Name / Husband I (Please keep one box blank  1. Date of Birth:			ddle Name &	Last Name )	Y	Y	
5. GENDER: MALE		FEMALI	Ε	6. CATE	GORY: GEN	// OBC / SC /	ST
7. Age as on 31/03/2024	Year		Months		Days		
3. CANDIDATE ADDRESS ADDRESS:	WITH CONT	FACT NO.					
MOB. NO.							

Name of the Examination (v complete name course passed)	with Export	Write Name of Examination passed		Year of passing		Max. Marks		Marks Obtaine d	% of Marks		Subject /Stream /Speciali zation		Duration of Course (in Month)			Board / University	
High School																	
(Class-X) Sr. Secondary																	
(Class-XII)																	
Graduation (N	ame																
of Course)																	
Post Graduation (Name of Court																	
Others is any	rse)																
(Specify)																	
10. PROFESS	IONAL Ç	QUAL	IFICATIO	ON (	Attach	attested	copi	ies of Ma	rksheet	and Cei	rtificat	es)					
Name of the E	xaminatio	n	Name of	\ <u>\</u>	Year of	Max.	N	Marks	% of	Subj	ect /St	ream	Du	ration	Во	ard /	
(with complete			Examinati passing		Marks	(	Obtained	Marks	/Specializat						University		
course passed)	course passed)		on passed										(in Month)				
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CTET (VI to V																	
B. Ed.	Theor	ry															
	Practi	ical															
Others is any (Specify)																	
ost Held Name of Institution			Period of Service From TO			No. of Completed Years & Months			ted Class Taught Sub			Subj Taug	•				
2. Are you able 3. Do you have 4. Are you a fa	knowled	ige of	Compute	r Ap	plicatio	on?	ease	specify		YES YES YES	( )	NC NC	) (	)			
						UNDI	ERT	AKING									
hereby certify the elevant testimonic election. My can	als in supp	port of	f the entrie	s mac	de abov	ue and co	orrec gree	t to best of that mere	eligibili	ty does 1	not con	ıfer rig			_	-	
lace:		-			·				Signatu								
)ate:									Name:								
					Fo	r Offi	ce	Use O									
• Post &	Subject A	nnlie	d for						Reg	No							
	-		for the p	ost a	pplied			Yes	$\mathbf{s}(\mathbf{s})$		o (						
		_	to appear			n Intervi	ew	Yes	` ′		To (	)					
I / We certif	y that all	the re	elevant do	cum							•	ew, ha	ive b	een dul	y cl	necked a	
verified by i				ι.													