

KENDRIYA VIDYALAYA NO.1 CANTT SHAHJAHANPUR

<u>APPLICATION FORM FOR EMPANELMENT OF CONTRACTUAL TEACHERS (PGT/TGT/PRT/COMPUTER INSTRUCTOR/GAMES & SPORTS COACH/ NURSE/ YOGA TEACHER/ ART & CRAFT/</u>

केन्द्रीयं विद्यालय संगठन

MUSIC/DANCE COACH/ COUNSELLOR/ SPECIAL EDUCATOR) FOR 2023-24

Important note:

1. Please bring this form in original along with the set (<u>one set for each post applied</u>) of self-attested copies of all Educational, Professional, and Experience certificates at the time of interview along with original document. The qualifications must be as per KVS norms otherwise form will be rejected.

PASTE A
PASSPORT
SIZE
PHOTOGRAPH

2. Send a scanned copy of this form duly filled by you via google form link
(https://forms.gle/PWCKB14iRNu3KvBY6) which is also given in website https://no1shahjahanpur.kvs.ac.in/
under Announcements section. Do not attach any other documents on google form link. (only this form has to be sent)

u	nder Ai	nnounc	ements section. L	Oo not attac	h any oth	her docum	ents on go	ogle form	link. (only	this form has t	o be sent)
1.	POST APPLIED FORSUBJECT (In case of PGT/TGT)										
2.	CANI	NDIDATE'S NAME									
3.	FATHER'S /HUSBAND'S NAME										
4.	DATE OF BIRTHCATEGORY(UR/OBC-CL/OBC-NCL/SC.ST)										
5.	CON	ГАСТ	NUMBER	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	E	MAIL II	D	•••••	•••••
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Qualification			Name of Examination	Year of passing	AGGREGATE MARKS			Subjects /Specialization		Duration of course	Board/ University
			Examination	passing	Max. Marks	Marks obtained	%age of marks	/Specialization		(months)	Chiversity
High	School ((X)									
Intermediate (XII)		(XII)									
Graduation (Name of Course)		ırca)									
Post Graduation (Name of Course)		on									
Others if any (Specify)		irsc)									
		FESSI	ONAL QUAL	IFICAT	ION (N	ote: CTET	is comp	ulsory for	the posts	s of TGT and	⊥ PRT)
Qualification			Name of Examination	Year of passing	AGGREGRATE N					Duration of	
					Max. Marks	Marks obtained	%age of marks	/Specialization		course (months)	University
JBT/	B.El.ED/	(specify	y)								
B.ED	Practical										
BE/B.Tech(CS)/ /Diploma in Nursing/CTET											
	r if any (
			NCE (FOR CBSI	E AFFILIA					Class	1	
Post	Post held Nan		me of Institution		Period of service From To			No. of completed years & months		Subjects taught	Remark
herei	by certif	ry that a	teach through	given abov	ve is true	UNDER	TAKING ct to the be	est of my ki	nowledge.	I also agree the	at mere eligibility
ncorr	ect on ve	erificati				<i>y</i> - 2					e
For (Office us	se only:	: Eligible/Not I	Eligible N	ame of Te	eacher I/C:			Sign of T	eacher I/C:	