

केन्द्रीय विद्यालय सवाई माधोपुर (राजस्थान)

APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHER FOR THE SESSION 2018-19

For Office Use Only:-

1.Post applied for with subject _____

2.Name :- _____

3.Father's / Husband's Name :- _____

4.Date of Birth :- _____

5.Address _____

PIN _____

**Paste your
recent high
contrast
colour
photograph**

Mobile no. _____ Alternate Mobile No. : _____

Email ID :- _____

6.Educational Qualification (Attach attested copies of Certificates) -

EXAMINATION (Please Specify)	YEAR	SUBJECTS	BOARD/ UNIVERSITY	MARKS OBTAINED	% OF MARKS
Sr. Sec. Or Equivalent					
Graduation Or Equivalent					
Post Graduation or Equivalent					
B.Ed. Or Equivalent					
STC/BSTC/JBT or Equivalent					
Any other (Please Specify)					

7. Whether CTET or Equivalent Qualified (YES / NO).....

If Yes please mention Year: Roll No.:.....

Signature

8. Experience in recognized school/ institution (Please attach self-attested copies of certificates) -

S.No.	Name of School / Institution	Post Held	Period of Service			Class & Subjects taught
			From	To	Length of Service	

9. Proficiency in teaching in Hindi and English (Yes/No): _____

10. Working Knowledge of computer application (Yes/No): _____

11. Any Other Achievement (Please attach self-attested copies of certificates)

.....

12. Please write short note on your suitability for the post applied for -

.....

DECLARATION

I hereby solemnly affirm / declare that:-

1. I have understood that the interview is being conducted only for drawing a panel of teachers / experts whose services may be utilized by KV Sawai Madhopur as and when required in the session 2018-19.

Empaneled candidates do not form part of regular cadre of KVS and shall not have any claim whatsoever for regularization of service in KVS or preferential treatment in future Part-time/ Contractual/ Regular employment in KV Sawai Madhopur or Kendriya Vidyalaya Sangathan.

2. The entries made in this application are correct to the best of my knowledge and belief and I am liable to be disqualified if any information given is found to be incorrect or incomplete.

Date : _____

Place : _____

Signature:-

Name:-