

APPLICATION THE POST OF PGT (SOCIOLOGY) ON CONTRACTUAL BASIS

1. Name of the candidate (**IN CAPITAL LETTERS**):
2. Father/ Husband's Name :
3. Date of birth :/...../19.....
4. Age as on 01.04.2017(limit 18 yrs to 65 yrs) :Years..... Months..... Days
5. Postal Address :

**Space for
Photograph**

.....
..... PIN.....

Phone No.:.....**Mobile No.:**.....

6. E.MailID :
7. Details of **KVS/ KV employee, if any, who is related to the Candidate** :
Name..... Post..... KV/KVS where working.....
.....Relation with the candidate:
8. Details of Educational & Professional Qualifications:

Sl. No.	Exam. Passed (strike out which is not applicable)	Year	Board/ University	Marks obtd. /Total marks	Division	% of Marks	Subjects
i	Intermediate/ Sr.Secondary/XII						
ii	BA/ BCom/ BSc						
iii	MA/ MCom/ MSc						
iv	B.Ed.						
v	M.Ed.						
vi	Other (Pl.Specify)						
vi							

9. Teaching experience, if any:

Sl. No.	Name of the institution in which worked	Post	Period:		Nature of work	Remuneration received
			From	To		
i						
ii						

10. Any other information which the candidate may like to furnish:.....
.....

I, Shri/Smt/ Km..... do hereby undertake that the above information is true and nothing has been concealed by me with regards to the age, qualification, employment, experience, etc. Photocopies of the certificates / testimonials are enclosed herewith.

Date:.....

Signature of the applicant:.....

FOR OFFICE USE

Certified that the particulars furnished by the candidate have been verified from the original documents/ testimonials of the concerned candidate and the candidate is eligible for test/ interview.

Date:

Signature of the checker:.....

Name & post of theChecker

APPLICATION FOR POST OF DOCTOR ON CONTRACTUAL BASIS

Space of latest Photograph

1. Name of the candidate (**IN CAPITAL LETTERS**):
2. Father/ Husband's Name :
3. Date of birth :/...../19.....
4. Age as on 01.04.2017 (limit 18 yrs to 65 yrs) :Years..... Months..... Days
5. Postal Address :

.....
 PIN.....

Phone No.:..... **Mobile No.:**.....

6. E.MailID :
7. Details of **KVS/ KV employee, if any, who is related to the Candidate** :
 Name..... Post..... KV/KVS where working.....
 Relation with the candidate:

8. Details of Educational & Professional Qualifications:

Sl. No.	Exam. Passed	Year	Board/ University	Division	% of Marks/ grade	Subjects
i	Intermediate/ Sr.Sec.					
ii	MBBS					
iii	Any other:					

9. Details of Registration with MCI: Year of Regn..... Regn. No.

10. Experience, if any:

Sl. No.	Name of the institution in which worked	Post	Period:		Nature of work	Remuneration received
			From	To		
i						
ii						
iii						

11. Any other information which the candidate may like to furnish:.....

I, Shri/Smt/ Km..... do hereby undertake that the above information is true and nothing has been concealed by me with regards to the age, qualification, employment, experience, etc. Photocopies of the certificates / testimonials are enclosed herewith.

Date:..... Signature of the applicant:.....

.....

FOR OFFICE USE

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Date: Signature of the checker.....

Name & post of theChecker

APPLICATION FOR POST OF NURSE ON CONTRACTUAL BASIS

1. Name of the candidate (**IN CAPITAL LETTERS**):
2. Father/ Husband's Name :
3. Date of birth :/...../19.....
4. Age as on 01.04.2017 (limit 18 yrs to 65 yrs) :Years..... Months..... Days
5. Postal Address :

Space of latest Photograph

.....
 PIN.....
Phone No.:..... **Mobile No.:**.....

6. E.MailID :
7. Details of **KVS/ KV employee, if any, who is related to the Candidate** :
 Name..... Post..... KV/KVS where working.....
Relation with the candidate:

8. Details of Educational & Professional Qualifications:

Sl. No.	Exam. Passed	Year	Board/ University	Division	% of Marks/ grade	Subjects
i	Intermediate/ Sr.Sec.					
ii	Diploma in General Nursing Mid-wifery					
iii	Any other:					

9. Details of **Registration with State Nursing Council** : Year of Regn..... Regn. No.

10. **Experience**, if any:

Sl. No.	Name of the institution in which worked	Post	Period:		Nature of work	Remuneration received
			From	To		
1						
2						

11. Any other information which the candidate may like to furnish:.....

I, Shri/Smt/ Km..... do hereby undertake that the above information is true and nothing has been concealed by me with regards to the age, qualification, employment, experience, etc. Photocopies of the certificates / testimonials are enclosed herewith.

Date:.....

Signature of the applicant:.....

.....

FOR OFFICE USE

Certified that the particulars furnished by the candidate have been verified from the original documents/ testimonials of the concerned candidate and the candidate is eligible for test/ interview.

Date:

Signature of the checker:.....

Name & post of theChecker

APPLICATION FOR POST OF COUNSELLOR ON CONTRACTUAL BASIS

Space of latest Photograph

1. Name of the candidate (**IN CAPITAL LETTERS**):
2. Father/ Husband's Name :
3. Date of birth :/...../19.....
4. Age as on 01.04.2017 (limit 18 yrs to 65 yrs) :Years..... Months..... Days
5. Postal Address :

.....
 PIN.....

Phone No.:..... **Mobile No.:**.....

6. E.MailID :

7. Details of **KVS/ KV employee, if any, who is related to the Candidate** :

Name..... Post..... KV/KVS where working.....
 Relation with the candidate:

8. Details of Educational & Professional Qualifications:

Sl. No.	Exam. Passed (strike out which is not applicable)	Year	Board/ University	Divi- sion	% of Marks/ grade	Subjects
i	Intermediate/ Sr.Sec.					
ii	Graduation :.....					
iii	Post Graduation.....					

9. **Professional Qualification:**

S.No.	Exam. Passed	Year	Board/ University	Div.	% of marks	Subjects
1						
2						
3						

10. **Experience, if any:**

Sl. No.	Name of the institution in which worked	Post	Period: From - To	Nature of work	Remuneratio n received
1					
2					

11. Any other information which the candidate may like to furnish:.....

I, Shri/Smt/ Km..... do hereby undertake that the above information is true and nothing has been concealed by me with regards to the age, qualification, employment, experience, etc. Photocopies of the certificates / testimonials are enclosed herewith.

Date:.....

Signature of the applicant:.....

.....

FOR OFFICE USE

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Date:

Signature of the checker.....

Name & post of theChecker

APPLICATION FOR POST OF COMPUTER INSTRUCTOR ON CONTRACTUAL BASIS

1. Name of the candidate (**IN CAPITAL LETTERS**):
2. Father/ Husband's Name :
3. Date of birth :/...../19.....
4. Age as on 01.04.2017 (limit 18 yrs to 65 yrs) :Years..... Months..... Days
5. Postal Address :
.....
..... PIN.....

Space of latest Photograph

- Phone No.:**.....**Mobile No.:**.....
6. E.MailID :
 7. Details of **KVS/ KV employee, if any, who is related to the Candidate** :
Name..... Post..... KV/KVS where working.....
.....Relation with the candidate:

8. Details of Educational & Professional Qualifications:

Sl. No.	Exam. Passed (strike out which is not applicable)	Year	Board/ University	Division	% of Marks/grade	Subjects
i	Intermediate/ Sr.Sec.					
ii	BA/BCom/BSc/					
iii	MA/MCom/					

1. Professional Qualification:

S.No.	Exam. Passed	Year	Board/ University	Div.	% of marks	Subjects
1	PGDCA					
2	B.E./BTech					
3	MCA/ M.Tech					

2. Experience, if any:

Sl. No.	Name of the institution in which worked	Post	Period: From - To	Nature of work	Remuneration received
1					
2					

3. Any other information which the candidate may like to furnish:.....
.....

I, Shri/Smt/ Km..... do hereby undertake that the above information is true and nothing has been concealed by me with regards to the age, qualification, employment, experience, etc. Photocopies of the certificates / testimonials are enclosed herewith.

Date:.....

Signature of the applicant:.....

FOR OFFICE USE

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Date:

Signature of the checker.....

Name & post of theChecker

APPLICATION FOR POST OF DANCE TEACHER ON CONTRACTUAL BASIS

1. Name of the candidate (IN CAPITAL LETTERS):
2. Father/ Husband's Name :
3. Date of birth :/...../19.....
4. Age as on 01.04.2017 (limit 18 yrs to 65 yrs) :Years..... Months..... Days
5. Postal Address :
.....
..... PIN.....

Space of latest Photograph

- Phone No.:**.....**Mobile No.:**.....
6. E.MailID :
 7. Details of KVS/ KV employee, if any, who is related to the Candidate :
Name..... Post..... KV/KVS where working.....
.....Relation with the candidate:

8. Details of Educational & Professional Qualifications:

Sl. No.	Exam. Passed (strike out which is not applicable)	Year	Board/ University	Division	% of Marks/ grade	Subjects
i	Intermediate/ Sr.Sec.					
ii	BA					
iii	MA					

1. Professional Qualification (in the area of Dance) :

S.No.	Exam. Passed	Year	Board/ University	Div.	% of marks	Subjects
1						
2						
3						

2. Experience, if any:

Sl. No.	Name of the institution in which worked	Post	Period: From - To	Nature of work	Remuneration received
1					
2					

3. Any other information which the candidate may like to furnish:.....
.....

I, Shri/Smt/ Km..... do hereby undertake that the above information is true and nothing has been concealed by me with regards to the age, qualification, employment, experience, etc. Photocopies of the certificates / testimonials are enclosed herewith.

Date:.....

Signature of the applicant:.....

FOR OFFICE USE

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Date:

Signature of the checker.....

Name & post of theChecker

APPLICATION FOR POST OF COACHES ON CONTRACTUAL BASIS

Name of Game/Sport(Football/ Basketball/ Handball):

1. Name of the candidate (**IN CAPITAL LETTERS**):
2. Father/ Husband's Name :
3. Date of birth :/...../19.....
4. Age as on 01.04.2017 (limit 18 yrs to 65 yrs) :Years..... Months..... Days
5. Postal Address :

Space of latest Photograph

..... PIN.....

Phone No.:..... **Mobile No.:**.....

6. E.MailID :
7. Details of **KVS/ KV employee, if any, who is related to the Candidate** :
Name..... Post..... KV/KVS where working.....
..... .Relation with the candidate:

8. Details of Educational & Professional Qualifications:

Sl. No.	Exam. Passed (strike out which is not applicable)	Year	Board/ University	Division	% of Marks/ grade	Subjects
i	Intermediate/ Sr.Sec.					
ii	BA/ MA/ MCom					
iii	BPEd./DPed./BPE					
IV	M.P.Ed.					
v.	NIS					

1. Details of participation at State/ National/ International level:

S.No.	Event	Year	Level	Remarks
1				
2				

2. Experience, if any:

Sl. No.	Name of the institution in which worked	Post	Period: From - To	Nature of work	Remuneration received
1					
2					

3. Any other information which the candidate may like to furnish:.....
.....

I, Shri/Smt/ Km..... do hereby undertake that the above information is true and nothing has been concealed by me with regards to the age, qualification, employment, experience, etc. Photocopies of the certificates / testimonials are enclosed herewith.

Date:.....

Signature of the applicant:.....

FOR OFFICE USE

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Date:

Signature of the checker.....

Name & post of theChecker

APPLICATION FOR POST OF YOGA TEACHER ON CONTRACTUAL BASIS

Name of Game/Sport (Football/ Basketball/ Handball) :

9. Name of the candidate (**IN CAPITAL LETTERS**):
10. Father/ Husband's Name :
11. Date of birth :/...../19.....
12. Age as on 01.04.2017 (limit 18 yrs to 65 yrs) :Years..... Months..... Days
13. Postal Address :

Space of latest Photograph

.....
 PIN.....

Phone No.:..... **Mobile No.:**.....

14. E.MailID :

15. Details of **KVS/ KV employee, if any, who is related to the Candidate** :

Name..... Post..... KV/KVS where working.....
 Relation with the candidate:

16. Details of Educational & Professional Qualifications:

Sl. No.	Exam. Passed (strike out which is not applicable)	Year	Board/ University	Division	% of Marks/ grade	Subjects
i	Intermediate/ Sr.Sec.					
ii	Graduation.....					
III	PG					

4. Details of Professional qualification in Yoga:

S.No.	Name of Exam passed	Year	Name of institute/ University	Div.	% of Marks/ grade	Subjects
1						
2						

5. **Experience, if any:**

Sl. No.	Name of the institution in which worked	Post	Period: From - To	Nature of work	Remuneration received
1					
2					

6. Any other information which the candidate may like to furnish:.....

I, Shri/Smt/ Km..... do hereby undertake that the above information is true and nothing has been concealed by me with regards to the age, qualification, employment, experience, etc. Photocopies of the certificates / testimonials are enclosed herewith.

Date:.....

Signature of the applicant:.....

FOR OFFICE USE

Certified that the particulars furnished by the candidate have been verified from the original documents/ testimonials of the concerned candidate and the candidate is eligible for test/ interview.

Date:

Signature of the checker.....

Name & post of the Checker