TEACHING KENDRIYA VIDYALAYA NO.1 COLABA MUMBAI

APPLICATION FORM FOR APPOINTMENT OF TEACHERS ON CONTRACT BASIS.

| Imp | oortant notes | 2. O | ne forr | n shou | ıld be ı | used fo | oital lette or one po estimoni | st. | th each | for | m. (If an | plied | l for 1 | mor | e than | onepo | st) | | | | | | | | |
|----------------|---|-------------------------|-----------|------------------|-----------|-----------------|--------------------------------------|------------------------|-----------|-------|-------------------|--------|------------------|-----|------------------|----------------|--------------------|--------------------|----------|----------------|-----------------------------------|------------|--|--|--|
| 1. | Edu /Doc | torPOST | | | | | | | | | (<u>F</u> |] | | | | | , | | | | | | | | |
| 1. | | dicate whe | | | | | PRT | T/Ba | alva | tik | ka | | | | | | | | | | | | | | |
| | (0.000000000000000000000000000000000000 | | | | | | | | | | | ł | - | _ | <u> </u> | | | | | | | \dashv | | | |
| 2.Cand | didate's Name | (in capital lett | ers)(Ple | ease ke | ep one | box bla | nk betwe | en Firs | st name, | Mid | dle name | &Las | t nam | ne) | 1 | 1 | | | 1 | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.Fath | er's /Husband | 's Name (in ca | pital let | tters) | | | Father | | | | Husb | and | | | 4. Soci | al Cate | gory | – Ge | n / SC / | / ST / | ОВС | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Ple | ase keep one b | ox blank betv | veen Fir | rst nam | ne, mido | dle nam | e & Last i | name) | | | | | | | | | | | | | | | | | |
| 5.Date | of Birth (DD/ | MM/YYYY): | | | | | | | | | | | | | 6. Gen (Pleas | der eTick) | | | М | | | F | | | |
| • | as on 31.03.20 | | | | Ye | ar | | | Month | | | | Days | ; | | | | [| | | | | | | |
| | didate Address | (in capitals le | etters) | | | | | | | | | | | | | | | 1 | | | | | | | |
| A | .ddress: | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | Plea | ne recent | | | | | |
| | | | | | | | | | | | | | | | Phot | ion | | | | | | | | | |
| | | | | | | | | | | | | | 1 1 | - 1 | | | | withoutattestation | | | | | | | |
| C | ity/Town | <u>:</u> | | | | | — PIN F. Mai | il Id (in | Capital | | | | | | | | | | | | | | | | |
| P | h/Mobile No.: | | | | | | _ Letter | • | capitai | | | | | | | | | | | | | | | | |
| 9.Acad | demic Qualifica | ation(Starting | from H | igh Sch | nool lev | el) | | | | | | | | | | | | J | | | | | | | |
| | e give informat | | | | | | oies of M | ark she | ets and | | | | | | 1 | | | | | | -1 | | | | |
| | | f Examination | | Writ | te name | of | Yea | r of | | | GREGATE | | | of | | Subject | ts / | | | ation ourse | | Board/ | | | |
| | (With complete name of course passed) | | | | | | pass | ssing Max. | | | Marks obtained | | %age mark | | Specializat | | ation | on | | n months) | | University | | | |
| | High Sc | hool(Class X) | | | | | | | | | | | | | | | | | | | | | | | |
| | Intermed | Intermediate(Class XII) | | | | | | | | | | | | | | | | | | | | | | | |
| | Graduation (Name of Course) | | | | | | | | | | | | | | | | | | | | | | | | |
| | Post-Graduatio | on (Name of Cou | ırse) | | | | | | | | | | | | | | | | | | | | | | |
| | Others if | any (Specify) | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Pro | fessional Qual | ification (Atta | ch atte | sted co | pies of | mark sl | neets & c | ertifica | tes) | | | 1 | | | • | | | | | | ı | | | | |
| | | xamination | | rite na | | Year of passing | | Max. Marks | | GRE | Marks | | | | | | ts | | Dura | | | Board/ | | | |
| | | lete name of passed) | OT E | xamina passed | | | | | | | | | %age of marks | | | | of cour (In mon | | | ι | Jniversity | | | | |
| | JBT/B.E. ED/D. E | D/ECCE (specify) | | | | | | | | | | | | | | | | | | | | | | | |
| | В. | ED | | | | | | | | | | | | | | | | | | | | | | | |
| | Degree/Diploma | in Nursing | | | | | | | | | | | | | | | | | | | | | | | |
| | Other if any(s | | 1 | | | | | | | | | | | | | | | | | | | | | | |
| 11. E | xperience (A | ttach separat | te shee | | | | | ıt) | | | | 1 | | | | | | | | | | | | | |
| | Post held | Name o Institutio | | | | of service | | No. of comple & mon | | | l years | | Class taught | | | Subjects taugh | | aught | nt | | Scale of pay ar salary per mon | | | | |
| | | Institution | ,,,, | From | | То | | & months | | | 15 | | taugnt | | | | | | | - | saiai y per month | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | e you able to to Please mark (\ | | | | | | nosts | | | | | | | v | ES | | | | NO | | | 1 | | | |
| 13. Do | you have kno | wledge of con | nputer a | pplicat | tion? | Č | | | | | | | | | | | |] 1 | | <u>+</u> | | 1 | | | |
| (| Please mark (\ |) tick in the a | ppropri | ate box | x) For te | eaching | | NDE | RTAKII | NG | | | | YI | 15 | | |] | NO | | | | | | |
| | by certify that a | | | | | | correct to | the be | est of my | y kn | | | | | | | | | | | | | | | |
| | made above. to be incorrect | | | e eligib | oility do | es not c | confer rig | ht to be | e called | for i | nterview | /selec | tion. l | Му | candida | ture m | ay be | cano | celled i | n case | e any i | nformation | | | |
| Place_ | | _ | | | | | | | | | | | | | | | | | | | | | | | |
| Date_ | | | | | | | | | | | | | | | | Signat | ure | | | | | | | | |

Name__

NON-TEACHING KENDRIYA VIDYALAYA NO.1 COLABA MUMBAI

APPLICATION FORM FOR APPOINTMENT OF COACH/INSTRUCTORS/DOCTOR/NURSE/COUNSELLOR, ETC ON CONTRACT BASIS.

| Important not | 2. Oı | ne form | should be ttested cop | used fo | r one po | st. | h each fo | orm. (If an | olied fo | r mor | e than | onepost | .) | | | | |
|--|---------------------------------------|------------|-------------------------------------|----------|-------------------------|-------------------------|---------------|-------------------|--------------|---------------|------------------|------------------------------|---------|--------------------------------------|-------------|-----------------------------------|----------------|
| (Please | APPLIED indicate whet Dance&Music | FOF | R omputer In | ıst./Nu | rse/Yog | ga Coa | | | 100 | | | | | | | | |
| 2.Candidate's Nan | ne(in capital lette | ers)(Plea | se keep one | box bla | nk betwe | en First | t name,Mi | ddle name | &Last na | me) | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 3.Father's /Husba | nd's Name (in ca | pital lett | ers) | | Father | | | Husba | nd | | 4. Soc | ial Catego | ory – G | en / SC / | ST / OE | вс | |
| | | | | | | | | | | | | | | | | | |
| (Please keep on | e box blank betw | een Firs | t name, mid | dle nam | ie & Last i | name) | | | | | | | | | | | |
| 4.Date of Birth (D | D/MM/YYYY): | | | | | | | | | | 5. Gen (Pleas | nder seTick) | | М | | F | |
| 6.Age as on 31.03. | 2024 | | Ye | ear | | | Month | | Da | ıys | | | | | | | |
| 7.Candidate Addro | ess (in capitals le | tters) | | | | | | | | | | | _ | | | | |
| City/Town Ph/Mobile No | : | | | | PIN E. Mai Letter | il ld (in (| Capital | | | | | | | Phot | ograph | x one r station | ecent |
| Ph/Mobile No | J.: | | | | _ Letter | 5): | | | | | | | _ | | | | |
| 8.Academic Qualit (Please give inforn | | | | | -:£ N 4. | - | -4 d C- | :£:\ | | | | | | | | | |
| | of Examination | DIE. (Atta | acii seii-atte | steu co | pies or ivid | ark sile | | GGREGATE | MARKS | | | | | Dura | tion | | |
| (With c | (With complete name of course passed) | | Write name of Examination passed | | | r of sing | Max. Marks | Marks obtained | %a; | ge of arks | Sı | Subjects / Specialization | | Duration of course (In months) | | | ard/ ersity |
| High | School(Class X) | | | | | | | | | | | | | | | | |
| Interr | mediate(Class XII) | | | | | | | | | | | | | | | | |
| Graduation | (Name of Course) | | | | | | | | | | | | | | | | |
| Post-Gradua | ation (Name of Cou | ırse) | | | | | | | | | | | | | | | |
| Other | s if any (Specify) | | | | | | | | | | | | | | | | |
| 9. Professional Qua | alification (Attack | n atteste | d copies of r | mark she | eets & cei | rtificate | ·s) | | | | | | | | | | |
| | f Examination | | te name | | | 1 | - | EGRATE MA | RKS | | | | | Durat | ion | | |
| (With cor | | | of Examination passed | | Year of passing | | Max. Iarks | Marks obtained | %ag mai | | /Sp | Subjects pecialization | | of cou | ırse | Boai Unive | • |
| JBT/B.E. ED/I | D. ED/ECCE (specify) | | | | | | | | | | | | | | | | |
| | B. ED | | | | | | | | | | | | | | | | |
| Degree/Diplo | oma in Nursing | | | | | | | | | | | | | | | | |
| Other if an | | | | | | | | | | | | | | | | | |
| 10. Experience | (Attach separat | e sheet, | | | | t) | | 1 | | | | | | | | | |
| Post held | Post held Name of Institution | | From | To | | No. of complete & month | | - | Clas taug | | Subjects to | | ts taug | ıught | | Scale of pay and salary per month | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | + | | |
| 11. Are you able to | teach through F | English a | nd Hindi. bo | oth? | | | | | | | | 1 | | | | | |
| (Please mark | () tick in the ap | propriat | e box) For to | | posts | | | | | Y | ES | | | NO | | | |
| Do you have k (Please mark | nowledge of com $()$ tick in the ap | | | eaching | posts | | | | | Y | ES | | | NO | | | |
| | | - | | | U | | TAKING | | | | | | 1 | | | | |
| hereby certify the | at all the informa | ition give | en above is t | rue and | correct to | the be | st of my k | nowledge. | | | | | | | | | |

found to be incorrect on verification.

Place_ Date_

Signature_____Name____