

KENDRIYA VIDYALAYA CRPF MOKAMAGHAT

(Bio-Data for Part-Time/Contractual Teachers)

| A | pplication for the post of: | |
|-------------------|---------------------------------------|--------------------------------------|
| Name | : | |
| Mother's Name | : | |
| Father's/Husband | 's Name: | Affix passport size photograph here. |
| Date of Birth | : | |
| Nationality | : | |
| Gender – MALE / I | FEMALE CATEGORY – GEN / OBC / SC / ST | |
| Full Address with | Pin Code: | |
| | | |
| | | |
| Phone No. : | Alternate Phone No. : | |
| Email-Id : | | |

ACADEMIC/PROFESSIONAL QUALIFICATION:

| ACADEMIC/PROFESSIONAL QUALIFICATION: | | | | | | |
|--------------------------------------|--|------------------|-----------------|----------|---------------|--|
| S. No. | Degree/Courses | Board/University | Year of passing | Subjects | % of Marks | |
| 1. | Secondary/ Matric Exam | | | | | |
| 2. | Sr. Secondary / Intermediate Exam. | | | | | |
| 3. | Graduation | | | | | |
| 4. | Post Graduation | | | | | |
| 5. | B.Ed./D.Ed,/Eqiv. Degree | | | | | |
| 6. | СТЕТ | | | | | |
| 7. | Any Diploma/ Degree in the concerned field | | | | | |

POST QUALIFICATION EXPERIENCE:

| 1 OD 1 QUILLI 1011 11 ON EM EMENDE. | | | | | |
|-------------------------------------|----------------------------|-----------|------|----|-----------------------------|
| S. No. | Name of the Institution | Post held | From | То | Total Year of Experience |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |

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|-----------|---|--|--|----------------------------|--------------------|------|--|--|
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| TOTAL I | EXPERIENCE (in years): | | I | 1 | I | J | | |
| | | <u>UNDER</u> | RTAKING | | | | | |
| have atta | , hereby certify that all the ached attested copies of at mere eligibility does red in case any information | my certificates and to not confer right to be | estimonials in su called for interv | pport of the entrainers. N | ries made above. I | also | | |
| Date : | | | Signature of the Candidate | | | | | |
| Place: | | | Name: | | | | | |
| F | Remarks of Checker (I | Eligible or Not): | | | | | | |
| r Office | 7 | | | | | | | |

For Office Use only

Checker's Name: Checker's Signature: