

## KENDRIYA VIDYALAYA LAITKOR PEAK

**APPLICATION FOR THE POST OF PART-TIME CONTRTACTUAL PGT/ TGT/ PRT/ COMPUTER INSTRUCTORS/ COACH/ DANCE/ ART/ YOGA/**

**NURSE/ COUNSELLOR/ BALVATIKA TEACHER : 2024-25**

Post applied For: \_\_\_\_\_

Subject: \_\_\_\_\_

1	Name of the Candidate		<b>Date:</b>  <b>Please affix one recent Colored Photograph without attestation</b>
2	Father's / Husband's Name		
3	Date of Birth		
4	Sex(Male/Female)		
5	Complete Postal Address  (Including PIN Code)		
6	Email address		
7	Mobile No.		
<b>SIGNATURE OF CANDIDATE</b>			<b>Adhar No :</b>

## 8. Academic Qualification (Starting from +2Stage)

**(Please give information as applicable. Attach Xerox copies of marks sheets & Certificates in serial order)**

[illegible]

**9. Teaching Experience (Attach Xerox copies of certificates & testimonials in Serialorder)**

Post Held	Name of Institution	Whether Recognized	Period of Service		No. of Completed months	Subject and Classes taught	Scale of pay and salary per month
			From	To			

10. Are you able to teach through English and Hindi, both?

YES		NO	
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(Please Tick mark in the appropriate box)

11. CTET Qualified

YES		NO	
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(Please Tick mark in the appropriate box)

**DECLARATION TO BE SIGNED BY THE CANDIDATE**

I hereby certify and declare that:

- I am an Indian resident.
- I have read the provisions given in the Advertisement.
- All statements made and information given by me in this application are true, complete and correct to the best of my knowledge and behalf. In the event of any information or part of it being found false or incorrect my candidature/engagement may be cancelled/terminated.
- I further declare that I fulfill all the conditions of eligibility regarding educational, professional qualifications, etc. prescribed for the post applied for as on date. The essential qualifications prescribed are possessed by me, the proofs of which have been enclosed.
- I also declare that there is no judicial proceeding pending against me.

Signature of Candidate with Date

**FOR OFFICE USE**

Verified by (Name & Desig.) \_\_\_\_\_

Signature & Date \_\_\_\_\_