

# KENDRIYAVIDYALAYA BARRACKPORE AFS

APPLICATION FOR THE POST OF PART-TIME/ CONTRACTUAL: 2024-25

Nature of appointment : On purely contractual basis.

Remuneration : As per KVS Rules.

|                          |                 |
|--------------------------|-----------------|
| <b>Post Applied For:</b> | <b>Subject:</b> |
|--------------------------|-----------------|

(Fill the Forms in Capital Letters Only)

|   |   |  |  |
|---|---|--|--|
| 1 | Name of the Candidate                       |  | Affix your Passport Size Photograph here |
| 2 | Father's/ Husband's Name                    |  |  |
| 3 | Date of Birth                               |  |  |
| 4 | Sex(Male/Female)                            |  |  |
| 5 | Marital Status(Married/Unmarried)           |  |  |
| 6 | Complete Postal Address(Including PIN Code) |  |  |
| 7 | Email address                               |  |  |
| 8 | Mobile No(s).                               |  |  |

**9. Academic / Professional Qualification (Starting from +2 Stages)**

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

| Name of Examination(write complete name of course passed) | Please write, name of Examination on passed | Year of passing | AGGREGATE MARKS |                |                | Subjects                      | Duration of Course | Board/University |
|---|---|-----------------|-----------------|----------------|----------------|-------------------------------|--------------------|------------------|
|   |   |                 | Max. Marks      | Marks Obtained | % age of marks |                               |                    |                  |
| 1   | 2   | 3               | 4               | 5              | 6              | 8                             | 9                  | 10               |
| Sen. Secondary(XII)                                       |   |                 |                 |                |                |                               |                    |                  |
| Graduation (Name of Course)                               |   |                 |                 |                |                | Main:<br>Elective/Subsidiary: |                    |                  |
| Post-Graduation (Name of Course)                          |   |                 |                 |                |                | Main:                         |                    |                  |
| Others(if any)(Specify)                                   |   |                 |                 |                |                |                               |                    |                  |
| JBT/B. E.Ed./B.Ed. (Specify)                              |   |                 |                 |                |                |                               |                    |                  |
| Others (if any specify)                                   |   |                 |                 |                |                |                               |                    |                  |

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

| Post Held | Name of Institution | Whether Recognized | Period of Service |    | No. of Completed months | Subject and Classes taught | REMARKS |
|-----------|---------------------|--------------------|-------------------|----|-------------------------|----------------------------|---------|
|           |                     |                    | From              | To |                         |                            |         |
|           |                     |                    |                   |    |                         |                            |         |
|           |                     |                    |                   |    |                         |                            |         |
|           |                     |                    |                   |    |                         |                            |         |
|           |                     |                    |                   |    |                         |                            |         |
|           |                     |                    |                   |    |                         |                            |         |

**10. CTET Qualified**

(Please Tick mark in the appropriate box)

|     |    |
|-----|----|
| YES | NO |
|-----|----|

|        |        |
|--------|--------|
| CTET 1 | CTET 2 |
|--------|--------|

**DECLARATION TO BE SIGNED BY THE CANDIDATE**

I hereby certify and declare that

- I am an Indian National
- 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. In the event of any information or part of it being found false or incorrect my candidature/engagement shall automatically stand 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.

**Date:**

**Place:**

**Signature of Candidate with Date**

Note : Candidates should produce police verification certificate if they are selected.

Documents checked and found correct. Candidate is eligible for interview

**Name of the Checker:**

**Signature of the Checker (With Date):**