

7 Academic Qualification (Starting from High School level)

Please give information as applicable (Attach attested copies of Marksheets and Certificates)

Name of Examination (with complete name of course passed)	Write name of Examination passed	Year of Passing	Aggregate Marks			Subject /Specialization	Duration of course(in months)	Board/University
			Max. Marks	Marks Obtained	%age of Marks			
High School (Class x)								
Intermediate (Class XII)								
Graduation (Name of Course)								
Post-Graduation (Name of Course)								
Others if any (specify)								

8 Professional Qualification (Attach attested copies of Marksheets & Certificates)

Name of Examination (with complete name of course passed)	Write name of Examination passed	Year of Passing	Aggregate Marks			Subject /Specialization	Duration of course(in months)	Board/University
			Max. Marks	Marks Obtained	%age of Marks			
CTET (I to V) Qualified								
CTET (VI to VIII) Qualified								
B.Ed	Theory							
	Practical							
MBBS Degree/Diploma in Nursing/Counseling/Yoga								
Others if any (specify)								

9 Experience (Attach Certificates if experience is in the recognized Schools – priority will be given)

Post Held	Name of Institution	Period of service		No. of Completed Years & Months	Class taught	Subjects taught	Scale of pay and salary per month
		From	To				

- 10 **Are you able to teach through English and Hindi, both ?** YES NO
 (Please mark (√)tick in the appropriate box) for teaching posts
- 11 **Do you have knowledge of computer application?** YES NO
 (Please mark (√)tick in the appropriate box) for teaching posts
- 12 **Are you a family member of KVS Employees ?** YES NO
 (Please mark (√)tick in the appropriate box)

UNDERTAKING

I hereby certify that all the information given above is true and correct to best of my knowledge. I have attached attested copies of my testimonials in support of the entries made above. I also agree that mere eligibility does not confer right to be called for interview/selection. My candidature may be cancelled in case any information is found to be incorrect on verification.

Place

Signature

Date

Name & Contact No