|  |  |  |
| --- | --- | --- |
| **केन्द्रीय विद्यालय अलीराजपुर****(शिक्षा मंत्रालय के अधीन स्वायत्त संस्थान )****भारत सरकार****शासकीय पॉलिटैक्निक महाविद्यालय परिसर****ग्राम-खड़खड़ी ,अलीराजपुर (म. प्र.) 457887****दूरभाष –(07392)243010 (का) 9424171346 (नि)****E-Mail-kvalirajpur@gmail.com** |  | **KENDRIYA VIDYALAYA ALIRAJPUR****(An autonomous organisation under Ministry of Education)****Govt of India****Govt Polytechnic College Campus,Village -Khadkhadi****Alirajpur,(MP) 457887****Phone no.(07392)243010 (O) 9424171346 (R)****Website-https://alirajpur.kvs.ac.in** |

 **BIODATA/Application Form**

**Post Applied for …………………………………………………….**

**On contractual part-time basis for the academic session 2023-24**

1**. Name (In Capital):** - **………………………………………………………………… Photograph**

 **Name (In Hindi) :** - **………………………………………………………………….**

**2. Date of Birth: ………………… Gender(Male/Female): ……………………**

**3. AADHAR No…………………………………………………………………………….**

**4. Category(SC/ST/OBC/Gen): …………........... 5. Marital Status………………………………...**

**6. Contact Address: …………………………………………………………………………………………………**

 **City…………………………………. District……………………………… State…………………………….**

**7. Mobile No.: 1) ……………………………. 2)……………………………. 3)……………………………….**

**8. Academic Qualification (Starting from High School level)**

**Please give information as applicable. (Attach attested copies of mark sheets and certificates)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Examination (with complete name of course passed)** | **Write name****of Examination passed** | **Year of passing** | **AGGREGATE MARKS** | **Subjects/ Specialization** | **Board/****University** |
| **Max.****Marks** | **Marks****obtained** | **%age****of marks** |
| **High School(X)** |  |  |  |  |  |  |  |
| **Higher Secondary(XII)** |  |  |  |  |  |  |  |
| **Graduation (Name of Course)** |  |  |  |  |  |  |  |
| **Post-Graduation (Name of Course)** |  |  |  |  |  |  |  |
| **Diploma/ Degree in Music** |  |  |  |  |  |  |  |
| **Others if any (Specify** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**9.** **Professional Qualification (Attach attested copies of mark sheets & certificates)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Examination (with complete name of course passed)** | **Write name****of Examination passed** | **Year of passing** | **AGGREGATE MARKS** | **Subjects/ Specialization** | **Board/****University** |
| **Max.****Marks** | **Marks****obtained** | **%age****of marks** |
| **CTET (I to V)****Qualified**  |  |  |  |  |  |  |  |
| **CTET (VI to VIII)****Qualified** |  |  |  |  |  |  |  |
| **B.ED/ JBT/ D.ED/B.PEd/ M.PEd** | **Theory** |  |  |  |  |  |  |  |
| **Practical** |  |  |  |  |  |  |  |
| **MBBS Degree / Diploma in Nursing/ Counseling/ Yoga** |  |  |  |  |  |  |  |
| **Others if any (Specify)** |  |  |  |  |  |  |  |

**10**. **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** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  **YES** |  |

|  |  |
| --- | --- |
| **NO** |  |

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

**(Please mark (√) tick in the appropriate box) For teaching posts**

|  |  |
| --- | --- |
| **YES** |  |

|  |  |
| --- | --- |
| **NO** |  |

**12. Do you have knowledge of computer application?**

**(Please mark (**√**) tick in the appropriate box) For teaching posts**

 **UNDERTAKING**

**I hereby certify that all the information given above is true and correct to the 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 of any information found to be incorrect on verification.**

**Place Signature**

**Date Name**

 **Contact No.**

 **OFFICE USE ONLY**

**Verified by:**

**1. Name ………………………………. Designation…………………………… Signature…………………………….**

**2. Name…………………………………Designation…………………………… Signature…………………………….**