

केन्द्रीय विद्यालय आर आर सी फतेहगढ़

<u>APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS</u> PGT/TGT/PRT/COMPUTER INSTRUCTOR/NURSE/GAMES &

SPORTS COACH/ ART & CRAFT COACH/ YOGA

INSTRUCTOR/ DANCE COACH/ SPECIAL EDUCATOR/
COUNSELLER

Important notes:

- 1. All entries should be made in capital letters
- 2. One form should be used for one post (If applied for more than one)
- 3. Enclose attested copies of testimonials with each form.

(Plo PG' /GA COA SPE	POST A ease inc f/TGT/ AMES & ACH/ Y CCIAL E	licate /PRT/, SPOR OGA II	whetl /COM TS CO NSTR TOR/	ner PUTE DACH/ UCTOI COUN	ART	& CRA NCE CO OR in th	FT DACH/ ne box]		se keen	one hov	blank !	gefween	First n	ame M	(In	BJE(case o	f PG	Γ/TG		FO	OR
						Pitter			- Iteep						Taute III						
								ital le		me)	 Fa	ather	Ī		T		Husb	and			· -
	ate o DD/M			Y)								5.	Gen	der (pleas	e Tick) [М			F
ў. А	ge as	on 3	1.03	.2023	3 [Yea	ar		N	lonth			Day	5							
7. (Candio	date A	Addr	ess (in Ca	apital	Lette	ers)													
ame	`]	Please affix one rece Photograph without				
אווונ	;		•													1	attestat	<u>ion</u>			
athe	er/Hus	band'	s Na	me:																	
۸ddr	ess																				
								PIN													
ity/	Towr) :															Signa	ture	of Ca	andi	date
h/N	lobile	No.	1.																		
			2.																		

Name o	Examination	write name	i ear or	AGG	KEGATE W	CANAL	Subjects	Duration of	Doaru/				
(with complete name of course passed)		of Examination passed	passing	Max. Marks	Marks obtained	%age o marks	/Specialization	course (in months)	University				
High Sc	thool (Class X)	<u> </u>											
Interme	diate (Class XII)												
Graduat	ion												
	of Course)												
Post	Graduation												
-	of Course) f any (Specify)												
Others	rany (Specify)												
				I	<u> </u>			ı					
9. Prof	essional Qua	alification (A	Attach at	tested copies	of mark	sheets	& certificates)						
Name o	ıf	Write name	Year of		GRATE MA		Subjects	Duration	Board/				
Examin		of Examination	passing	Max.	Marks	%age (of course (in	University				
	omplete name se passed)	passed		Marks	obtained	marks		months)					
	TC/D.EL.Ed												
(specif	fy)												
	Theory												
B.ED	Practical												
DE/D '	Tech(CS)/												
MBBS													
	e/Diploma in												
Nursin	•												
Other	-												
(specif	•												
			•	•	•	•		•	•				
10. Expe	erience (Atta	ach separate	sheet, if	columns are	e insuffici	ient)							
Post	Name of	Period of	service	No. of	C	Class	Subjects taugl	ht Sca	le of pay				
held	Institution	From	To	completed		aught		and	salary pe				
				years & mo	onths			moi	month				
11 Amo	way abla to to	aaah thuawah	English	and Hindi ha	4L9								
				and Hindi, bo box) For teac		e.	VEC	NO					
(Flea	ise mark (v) t	ick in the app	ргоргіаце	box) For teac	ining post	5	YES						
12. Do v	ou have knov	wledge of con	nouter an	plication?			VEC	NO					
-		_		box) For teac	hing post	S	YES	NO					
`	()			,	91								
				UNDERTAI									
							the best of my						
	_	•					de above. I also	_					
		_			/selection.	My car	ndidature may b	e cancelled i	n case				
any mioi	rmation is fou	ma to be inco	arect on	vermication.									
Place		Date:					Signature						
		. –					~-Bwvu-v						
Contact N	lo						Name						
Comact 1													

(Please give information as applicable.

8. Academic Qualification (Starting from High School level)

(Attach attested copies of Mark sheets and Certificates)