

KENDRIYA VIDYALAYA VIZIANAGARAM -535002
APPLICATION FORM FOR CONTRACTUAL TEACHERS 2019-20

For Office use :

Qualified	Not Qualified	Remarks	Signature of the Verifying Officer

POST: _____

SUBJECT: _____

- | | | |
|--|---|--|
| <ol style="list-style-type: none"> 1. Name in full(in block letters) : _____ 2. Date of Birth : _____ 3. Father's Name/ Husband's Name : _____ 4. Nationality : _____ 5. Caste (SC/ ST/ OBC/ GEN) : _____ 6. Present address : _____

 _____ 7. Telephone & Mobile : _____ | : | <div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>Paste your recent photograph here</p> </div> |
|--|---|--|

8. EDUCATIONAL QUALIFICATION(Enclose relevant documents) :

S.No.	Name of the Exam	Board	Year of passing	Division with %
1				
2				
3				
4				
5				

9. PROFESSIONAL QUALIFICATION (Enclose relevant documents):

S.No.	Name of the Exam	Board	Year of passing	Division with %
1				
2				
3				
4				

10. EXPERIENCE (Enclose relevant documents)

S.No.	Name of Organization	Post Held	Period of Employment	Classes taught	Salary Drawn

11. HOBBIES : _____

DECLARATION

I do hereby declare that the particulars furnished above by me are correct to the best of my knowledge and belief.

Date:

Signature of Candidate