

**KENDRIYA VIDYALAYA WARANGAL**

MADIKONDA – 506142

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Contact Number: 0870 - 2100455

APPLICATION FORM FOR CONTRACTUAL STAFF 2015-16

POST APPLIED FOR: _____

Please affix one
recent Photograph.

(Compulsory)

1. Name :
2. Father's name :
3. Date of birth :
4. Caste :
5. Address for correspondence: _____

6. Contact No.(Mobile) : _____ Landline: _____

7. E-mail : _____

8. Educational qualifications: (Please enclose copies of certificates essential for the post)

Name of Examination	Subjects offered	Year of Passing	AGGREGATE MARKS			Name of Board/ University.
			Max.	Obtained	% age	
Senior Secondary(XII) / Intermediate						
Graduation						
Post Graduation						
Other if any(Specify)						

9. Professional qualifications: (Please enclose copies of certificates essential for the post)

Name of Examination	Subject Offered	Year of Passing	AGGREGATE MARKS			Board/ University
			Max	Marks	% age	
B.El.Ed/D. El.Ed/D Ed (2 Years course)						
B.Ed./B.P.Ed						
CTET /TET	(Paper I/ Paper II)					
Other if any(Specify)						

10. Computer knowledge : _____
(Write the courses completed)

11. Experience

Post Held	Name of Institution	Classes and Subject(s) taught	Period of Service		No. of Completed years & months
			From	To	

I hereby certify and declare that the information given by me in this application is true, complete and correct to the best of my knowledge and belief.

PLACE: _____

DATE: _____

Signature of the candidate