**PM SHRI KENDRIYA VIDYALAYA SEHORE (M.P.)**

**DETAILS OF CANDIDATE**

**Post & Subject Applied for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Paste Photo Here

 Do not staple

Self-Attestation

1. Name of Candidate : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Father’s name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Date of Birth (figure & words) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Mobile/Phone No. : 1) 2)

5. Local Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Permanent Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Email address : 1) 2)

8 Qualification (make entries Correctly in following format)and enclose with this format, the photo copies of relevant mark sheets/certificates/other testimonials etc. .With Self attestation

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of qualification** | **Board/university** | **year of passing** | **subjects** | **Total Marks obtained** | **Max. Marks** | **% of marks** | **Remark If any** |
| HSSC/AISSCE/INTERMEDIATE10+2 |  |  |  |  |  |  |  |
| BA/BSc/BCom/BE/Btech/other |  |  |  |  |  |  |  |
| MA/MSc/McomMtech/other |  |  |  |  |  |  |  |
| PGDCA/other diploma/degree |  |  |  |  |  |  |  |
| DEd/Bed/Med/JBT/other |  |  |  |  |  |  |  |
| any other  |  |  |  |  |  |  |  |

**Experience:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SNo.** | **Post held** | **Name of organization** | **Period** | **Duties performed** |
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नोट : कोच / योग एवं अन्य शिक्षक अपनी सभी विधाओं/कोशल /विभिन्न खेलों का विवरण जिसमे वे विद्यार्थियों को प्रशिक्षित कर सकते हैं , इस पेज के पीछे विवरण दें ।

I hereby declare that the details furnished above are correct and if found false I give consent to reject my candidature and i know that no claim in this regard would be entertained.

Date:\_\_\_\_\_\_\_\_\_ Signature of applicant --------

Place:\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I ………………………………………………verify the form & content and candidate keeps the minimum eligibility.

**Signature with date**