



**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	Duration of course (in months)	Board/ University
			Max. Marks	Marks obtained	%age of marks			
JBT/B.E.ED/ (specify)								
B.ED	Theory							
	Practical							
BE/B.Tech(CS)/ MBBS Degree/Diploma in Nursing								
Other if any (specify)								

**10. Experience (Attach separate sheet, if columns are insufficient)**

Post held	Name of Institution	Period of service		No. of completed years & months	Class taught	Subjects taught	Scale of pay and salary per month
		From	To				

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

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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**12. Do you have knowledge of computer application?**

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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**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 any information is found to be incorrect on verification.

Place \_\_\_\_\_

Date \_\_\_\_\_

Contact No. \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_



**9. Experience (Attach separate sheet, if columns are insufficient)**

Post held	Name of Institution	Period of service		No. of completed years & months	Class taught	Subjects taught	Scale of pay and salary per month
		From	To				

**10. Are you able to interact through English and Hindi, both?**  
(Please mark (√) tick in the appropriate box)

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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**11. Do you have knowledge of computer application?**  
(Please mark (√) tick in the appropriate box)

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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Place \_\_\_\_\_

Date \_\_\_\_\_

Contact No. \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_