

KENDRIVA VIDVALAVA NO A DELHI CANTT

APPLIC		FOR PART TIME							<u>l</u>
Important note	es: 1. All enti 2. One foi		nade in sed for	capital one post	letters				nore than o
POST APPL (Please indica /Computer Instru	te whether	PGT/TGT/PRT/ n the box)			CCT APF of PGT/T		FOR		
2. Candidate's N	Name (in cap	ital letters) (Please	keep one b	pox blank bet	ween First na	me, Middle	name & Last	name)	
3. Father's /Hus (Please keep one box b		e (in capital letter		Fa	ther		Н	usband	
4. Date of Birth6. Age as on 31.0	DAY	MONTH Year	Mor	YE.	AR Days	(Ple	Gender rase Tick)	M	F
7. Candidate Ad	l dress (in can	oitals letters)		I			Please	affix	one recent
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8 Academic Ou	alification (S	Starting from Hig	ah Saha	ool laval)			Sig	nature o	f Candidate

8. Academic Qualification (Starting from High School level)
(Please give information as applicable. (Attach attested copies of Mark sheets and Certificates)

(Trease give information as applicable. (Attach attested copies of wark sheets and Certificates)										
Name of Examination	Write name	Year of	AGGREGATE MARKS			Subjects	Duration	Board/		
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High School (Class X)										
Intermediate (Class XII)										
Graduation (Name of Course)										
Post Graduation (Name of Course)										
Others if any (Specify)										

ame of		Write	name	Year of	AGGRE	GRATE MAI	RKS	Subjects	Duration	Boa	ard/
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Name____

Contact No._____



KENDRIYA VIDYALAYA NO.4, DELHI CANTT

APPLICATION FORM FOR EDUCATIONAL COUNSELOR/ DOCTOR/ NURSE ON CONTRACTUAL BASIS

Important notes: 1. All entries should be made in capital letters

 ${f 2.}$ Enclose attested copies of testimonials with each form. (If applied for more than one Post).

POST APPI Doctor/ Nur	LIED FOR rse/ Counselo	r			
(EDUCATIONA	AL COUNSELL	OR)			
2. Candidate's	Name (in car	oital letters) (Please k	keep one box blank between	een First name, Middl	e name & Last name)
3. Father's /Hu	sband's Nar	ne (in capital letters	s) Fath	ner	Husband
4. Date of Birth6. Age as on 31	DAY	MONTH	YEAR Month	(P	Gender M F
7. Candidate A	ddress (in ca	pitals letters)			Please affix one recent
Name	:				Photograph without attestation
Father/Husband	l's Name:				
Address	:				
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City/Town	:	PIN			
Ph/Mobile No.	:				

8. Academic Qualification (Starting from High School level)

Signature of Candidate

(Please give information as applicable. (Attach attested copies of Mark sheets and Certificates)

Name of Examination	Write name	Year of	AGO	GREGATE M.	ARKS	Subjects	Duration	Board/ University
(with complete name of course passed)	of Examinatio n passed	passing	Max. Marks	Marks obtained	%age of marks	/Specialization	of course (in months)	
High School (Class X)								
Intermediate (Class XII)								
Graduation (Name of Course)								
Post Graduation (Name of Course)								
Professional Diploma								
Others if any (Specify)								

Post	Name of	Period o	f service	No. of	Class	Subjects tar	ught	Scale of pa	
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