

## PM SHRI KENDRIYA VIDYALAYA TAGORE GARDEN

## New Delhi, 110027

## **APPLICATION FORM**

	Na	ame of	the Post Ap	oplied	tor:						
1.	Name of the	e Candi	date: (In Engl	ish):				•••••			
			(In Hind	di):							Paste a passpo
2.	Father's/ Hu	usband'	s Name:								size latest
3.	Address for	ddress for Communication/Contact:									
4. 5.					Mobile No.2 :						
6. <b>7.</b>	Date of Birt		ifications								
Exam Passed Board/			Board/ Uni	versity	Passing Year		Subject	Subjects			s Remark (If any
Intern	Intermediate/ 10+2										
BA/B.	Com/B.Sc										
MA/N	Л.Com/M.Sc										
Any o	ther Qualifica	tion									
8.	Professiona	l Quali	fications (if a	ny)	:		l				
Course		Board	ard/University		Passing Year		Subje	Subjects		% of Mark	s Remark (If any
							_				
9.	Teaching Ex	 perien	ce if any	:							
S.	Name of Or	ganizat	ion Post		/Capacity		Period			Total Experience in	
No	lo		He			From			То		Months
1.											
2.											
3.											
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<ul><li>10.</li><li>11.</li></ul>		•	s/No): uding Games			•				Year:	
			_								est of my knowled
12. and if a						-	_				h immediate effec
Date:								Signa	ature of th	e Applicant	:
Place:											
Verifie	d by: - (For o	ffice us	e only)					Date	:		
	1							2			
	Name:							Name:			