KENDRIYA VIDYALAYA NO 1, IMPHAL (LAMPHELPAT) REGISTRATION/APPLICATION FORM

Important notes:

1. All entries should be made in capital letters

2. One form should be used for one post.

3. Enclose attested copies of testimonials with each form separately. (If applied for more than one post)

1.		SUBJECT APPLIED FOR (In case of PGT/TGT)			
2 Ca	andidate's Name (in capital letters) (Please keep one box blank between First name, Middle name & Last name	1			
3. Fat	ather's /Husband's Name (in capital letters) Father Husband				
(Pl	lease keep one box blank between First name, middle name & Last name)				
4. Da	ate of Birth: 5. Gender (Please Tick) M F			
6. Ag	ge as on 01.03.2024 Year Days				
7. Mo	lobile No (Mobile No should be Active)				
8. W	/hatsapp No (if any)				
	mail –id -	Please affix one recent			
-	Candidate Address (in capitals letters)	Photograph <u>withou</u> t <u>attestation</u>			
	Name :				
	Father/Husband's Name: Address				
	City/Town : PIN PIN	Signature of Candidate			

11. Academic Qualification (Starting from High School level)

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

Name of Examination	Write name of Examination passed	Year of passing	AGGREGATE MARKS				Duration	
(with complete name of course passed)			Max. Marks	Marks obtained	%age of marks	Main Subjects / Specialization	of course (in months)	Board/ University
High School (Class X)								
Intermediate (Class XII)								
Graduation (Name of Course)								
Post-Graduation (Name of Course)								
Others if any (Specific)								

12. Professional Qualification (Attach attested copies of mark sheets & certificates)

Name of Examination (with complete name of course passed)	complete name of of Examination Year of		AGGREGRATE MARKS Max. Marks %age of Marks obtained marks			Main Subjects /Specialization	Duration of course (in years)	Board/ University
JBT/B.El.ED/D.ED(specify)								
B.ED								
MBBS/Degree/Diploma in Nursing								
Other if any(specify)								

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

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

14. Are you able to teach through English and Hindi, bo	th? YES/NO
15. Do you have knowledge of computer application?	YES/NO
16. Is any relative/blood relation serving in KVS? :	
If Yes: Name of relative/ blood relation serving in K	VS:
Designation: Na	me of KV/Office:

Note: - All Candidates are directed to fill the Google form mandatorily using link given below or on website. Link for Google Form: - https://forms.gle/ReFyWuBRtucLn8UK9

UNDERTAKING

I hereby certify that all the information given above is true and correct to the best of my knowledge. I have self-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.

Signature_____ Place_____ Date

Name of candidate

(For Office Use Only)

As per KVS norms found

Eligible / Not Eligible

Remarks:

Name & Designation of the Checker -

Signature of the Checker: