

KENDRIYA VIDYALAYA WARANGAL

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Contact Number: 7382986432

APPLICATION FORM FOR CONTRACTUAL STAFF 2018-19

POST APPLIED FOR:											Please affix one		
1.	Name										rece	ent Photograph.	
2.	Father's name : (Compulsory										Compulsory)		
3.	Date of birth :												
4.	Caste :												
5.	Address for correspondence:												
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6.	Contact No.(Mobile) : Landline:												
7. 8.	E-mail	o1 au	: alifications: (Plans	o or	alosa aa	aios d	of cortif	iontos	oggon	tial for t	tha n	oct)	
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					Passing		Max.			% age		University.	
	Secondary(X	(II)											
/ Intermediate Graduation													
Post Graduation													
	if any(Specify	7)											
			ifications: (Please	enc	lose copie	es of	certific	ates e	ssentia	l for the	e pos	st)	
Name of Examination			Subject Offered		Year of		AGGREGATE MARKS				Board/		
					Passing	M	Max Marks		%age		University		
B.El.Ed/D. El.Ed/D Ed (2 Years course)		Ed											
B.Ed./B.P.Ed													
CTET /TET			(Paper I/ Paper II)										
Other if any(Specify)		7)											
	Computer (Write the Experience	cou	wledge rses completed)	•	:		,				•		
	ost Held Nar		ne of Institution		Classes and		Period of S					No. of Completed years &	
				Subject(s) taught		ugnt	From			То		months	
I he	reby certify	z and	declare that the ir	fori	mation gi	ven 1	by me ii	n this	applica	ation is	true.	complete and correct	
			nowledge and belie			, 011	o j 1110 11				,	compress una contest	
	ACE:	•		71.									
DA	ГЕ:										Si	gnature of the candidate	