

KENDRIYA VIDYALAYA PAINAVU, IDUKKI

REGISTRATION FORM

FOR THE POST OF TEACHERS ON CONTRACTUAL BASIS 2024-25

1. Name in full (in capital): _____
2. Name of Guardian: _____
3. Whether SC/ST/OBC: _____
4. Address of correspondence: _____

5. Email Id: _____
6. Phone: _____ Mobile: _____
7. Date of Birth: _____
8. Marital Status: _____
9. Education Qualification

No.	Name of Exam	Board/University	Subject	Year of passing	Marks obtained	Total Marks	%

Professional qualification:

No.	Name of Exam	Board/University	Subject	Year of passing	Marks obtained	Total Marks	%

Teaching Experience:

No.	Name of Organization	Recognised University	Experience	Post held

Declaration:

I hereby certify the above information is true to be the best of my knowledge and belief. I also understand that I am liable to be disqualified if any information given above is found to be incorrect/incomplete or false.

I have enclosed attested copies of certificates for proof of date of birth, caste/community, teaching experience and educational.

Date:

Place:

Signature of Candidate