

Kendriya Vidyalaya Baramulla

Registration form for Special Educator (Primary Wing)

*Recent
Photograph*

S. No. _____

1. Name of the candidate : _____
2. S/O, D/O, W/O : _____
3. Date of Birth : _____
4. Address : _____
5. Contact No : _____
6. Email Id : _____
7. Education Qualification.

Examination passed/degree obtained	Subjects	Year of Passing	Total Marks	Marks obtained	Percentage (in aggregate)	Percentage of marks in concern subjects separately at graduation level if Applying for TGT post.

8. Experience

S. No	Post	Name of institute	Period		Remarks
			From	To	

Signature of the Candidate with date

For office use only

CHECKED ELIGIBILITY FOR CONTRACTUAL APPOINTMENT & FOUND **ELIGIBLE / NOT ELIGIBLE**

Remarks _____

CHECKED BY:

RE-CHECKED BY:

