

Kendriya Vidyalaya Bangana, District Una HP

Application Form: 2024-25

Post applied for _____

1. Name of the candidate: _____

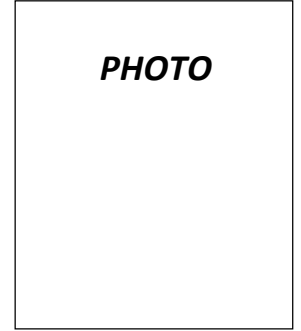
2. S/O, D/O, W/O : _____

3. Date of Birth : _____

4. Address : _____

5. E-mail Id : _____

6. Contact No. : _____



7. Education Qualifications (Enclosed Self-Attested Copy of Certificates) :-

| S.No. | Class | Board/University | Subjects | Total Marks | Marks obtained | % age. |
|-------|-------------------------|------------------|----------|-------------|----------------|--------|
| 1 | AISSE/10 th | | | | | |
| 2 | AISSCE/12 th | | | | | |
| 3 | Bachelor Degree | | | | | |
| 4 | Master Degree | | | | | |
| 5 | M.C. A / P.G.D.C. A | | | | | |
| 6 | B.Ed./ JBT | | | | | |
| 7 | Any other | | | | | |

| Details of Passing CTET | Year | Subject | %age/Grade |
|-------------------------|------|---------|------------|
| | | | |

8. Experience of the post Applied:-

| S.No | Post | Name of institute | Period | | Remarks |
|------|------|-------------------|--------|----|---------|
| | | | From | To | |
| | | | | | |
| | | | | | |
| | | | | | |

I certify that the information furnished by me are correct and I understand and acknowledge that in case of any discrepancies at any point of time will not only cancel my candidature but also liable me for the refund of salary paid to me, if any.

Place:-

Dated:- _____

Signature of the Candidate

For Office Use: -

Remarks Given by Checker: - Whether eligible for concerned post: - Yes/No

(Signature with Name)