

6. Academic Qualification (starting from + 2 stage) (Please give information as applicable. Attach separate sheet if columns are insufficient.)

7. Professional Qualification

Name of Examination (write complete name of course passed)	Please write, name of Examination Passed	Year of Passing	AGGREGATE MARKS			Subject Offered	Board/ University
			Max. Marks	Marks Obtained	%age of marks		
JBT/B.El.Ed./CT etc. (Specify)							
B.Ed./B.Ped							
M.Ed/Ph.D /M.Phil/MPed							
Others if any (Specify)							

8. Experience (if, any)

Post Held	Name of Institution/ Department/ Ministry	Private / Govt.	Period of Service		No. of Completed years & months	Nature of Duties	Remarks, if any
			From	To			

9. Are you computer literate? (Yes/No) _____

10. Are you able to teach through English and Hindi, both
(Please mark (✓) tick in the appropriate box)

HINDI ONLY		ENGLISH ONLY		Both Hindi and English	
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DECLARATION TO BE SIGNED BY THE CANDIDATE

I hereby certify and declare that:

- I am an Indian National.
- All statements made and information given by me in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information or part of it being found false or incorrect before or after the exam./interview or after contractual appointment, action can be taken against me by the KVS/Vidyalaya and my candidature/appointment(contractual) shall automatically stand cancelled.
- I further declare that I have read the WALK-IN-INTERVIEW NOTICE available on <https://baripada.kvs.ac.in> & I fulfill all the conditions of eligibility regarding age(below 56 years), educational, professional/technical qualifications, etc. prescribed for the post applied for as on 31-12-2025 .The essential qualifications prescribed are possessed by me, the proof of which have been enclosed.
- I have no claim for regular appointment as well as reservation for SC/ST/OBC/Minority etc. in KVS as this advertisement is only for this Vidyalaya temporarily arrangement and part-time contractual basis.

(v)
PLACE : _____
DATE : _____

Signature _____
Name _____
Contact No. _____

For office use

	Name	Signature
Form checked by :		
Original documents verified by :		