

9. Professional Qualification (Attach attested copies of mark sheets & certificates)

| Name of Examination (with complete name of course passed) | Write name of Examination passed | Year of passing | AGGREGATE MARKS | | | Subjects /Specialization | Duration of course (in months) | Board/ University |
|--|----------------------------------|-----------------|-----------------|----------------|---------------|--------------------------|--------------------------------|-------------------|
| | | | Max. Marks | Marks obtained | %age of marks | | | |
| D. Ed./B. El. Ed. | | | | | | | | |
| B. ED | | | | | | | | |
| BE/B.Tech(CS)/ MBBS Degree/Diploma in Nursing | | | | | | | | |
| Other if any (specify) | | | | | | | | |

10. Experience (Attach separate sheet, if columns are insufficient)

| Post held | Name of Institution | Period of service | | No. of completed years & months | Class taught |
|-----------|---------------------|-------------------|--|---------------------------------|--------------|
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11. Are you able to teach through English and Hindi, both?
(Please mark (√) tick in the appropriate box) For teaching posts

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

12. Do you have knowledge of computer application?
(Please mark (√) tick in the appropriate box) For teaching posts

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

UNDERTAKING

I hereby certify that all the information given above is true and correct to the best of my knowledge. I have attached attested copies of my testimonials in support of the entries made above. I also agree that mere eligibility does not confer right to be called for interview/selection. My candidature may be cancelled in case any information is found to be incorrect on verification.

Place _____

Date _____

Contact No. _____

Signature _____

Name _____