

KENDRIYA VIDYALAYA IOC BARAUNI

BIO-DATA FORM

Date of Interview:

Regn. No (For office use only)-----

Application for the Post of

Session-2018-19

1. Candidate's Name:

2. Father's Name:

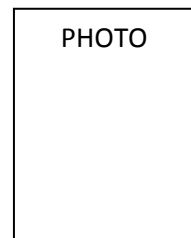
3. Date of Birth:

4. Contact Number:

5. Email Address:

6. Category (SC/ST/OBC/General):

7. Address:



Permanent Address	Present Address

8. Qualification

Name of Exam	Board/University	Year of Passing	Subjects	Marks Obtained	Percentage of Marks
Matric/Xth					
Intermediate/XIIth					
Graduation					
Post Graduation					
Professional Qualification, BED/D.ED/JBT/NURSING					
CTET/STET					

9. Previous Experience:-

Sl. No.	Name of Organization	From	To	No. of Days	Remarks
1					
2					
3					

1. Encl. One Set Self Attested Xerox Copy of Educational, Professional Certificates and Experience certificate

2. Fill all the entries in capital letters.

It is certified that all entries are correct and my candidature is liable to be cancelled if found incorrect at any stage in future.

Signature of the Applicant

Verified by-----

Name-

Designation-

Sign-

1

2

3