NVS (RO) BHOPAL FORMAT FOR EMPANELMENT OF FCSAs PURELY ON CONTRACT BASIS FOR THE SESSION 2020-21

Name of Cluster (where he/she wish to apply)	<u>PART-I</u>				
Application for the post of	(c	on contract b	asis)		
,			_		
	Age as on 31.08.2020 :			Latest Pa	
				size phot	ο απιχ
Full Correspondence Address:			_		
	Vill;	P.O			
	Teh				
	Distt	State			- #:
	Pin code No				
Contact Phone No. STD Code	Phone Nos				
	Mobile No				
	E-mail				
(Gen./SC/ST/PH/OBC/Navodaya In case of Navodaya Vidyalaya S	nouse given full details:				
Name of spouse Post Held & Place of Po					
	(Attach self-attested photocopies)		Marks	% of marks	Remarks
SI. Qualifications		Maximum Marks	secured	obtained	
1. High School (Class 1	O th)				
2. Intermediate +2 (Cla	. Intermediate +2 (Class 12 th)				
3. <u>Essential Education</u>	n Qualifications				
Graduation with Diploma in Computer Application (equivalent to 'A' level course of DOEACC) from a recognized institution					
'A' level certificate from DOEACC					
BCA from recognized University/ Institution					-
B.E./B.Tech in Computer Science/ Information Technology or Information Science from a recognized					

University.

Post Graduation in Computer related subject Mention

subject (-----)

1 - 1	T (conducted by CBSE)			
6. Add	litional Qualifications, if any	n of grades into marks, if ap	pplicable	

Kindly enclose proof in respect of conversion of grades int

		ice.				Nature of	Period o	f Experien	ce Possessed
C. T	Name of organization (School/College)	Govt. or Govt. aided	Whether Residential or day school	Class(es) taught	Pay scale / consolidated remuneration .	appointment regular/contract /part time	From	То	Year (s) of experience
		school							

UNDERTAKING

- Certified that the information given above is correct and true. If any discrepancy is found, my candidature may be rejected and I shall have no claim for selection. (i)
- I am willing to accept the offer of appointment in any of JNVs of Bhopal Region (MP/CG/Orissa). (ii)

	Signature of the candidate with name
Date :	
Place :	

For office use

Verified the documents and found in Order / *Shortcomings observed if any.

	Verified the document	
SI.No.	Nature of Shortcoming	Remarks

Signature of verifying officer with name & designation

Signature of the Member Secretary of the Selection Committee with name & designation