No.

CHINMAYA VIDYALAYA, VIDYANAGAR, KASARAGOD - 671 123

Ph: 04994 - 255429



APPLICATION FORM

(This application is to be filled up in candidate's own handwriting) Post applied for										
			application							
1. Full Name (in block le										
2. Sex:	Male / Fen	nale	DD MM	Year						
3. Age and da	ate of birth	birth years Description Description								
4. Place of bir	th	Recent								
		Photograph								
		Caste								
		_	Number of child							
9. Address		•••••		••••••						
			•••••							
			•••••							
						• • • • • • • • • • • • • • • • • • • •	•••••			
10. Educationa	ıl qualifications (with subjec	ct of specialisation	s & optional Board /						
Exami	Examination		Name of school/College		Year of passing	Subject	Class & % of marks			
High School										
P. U. C. / P.D.	.C. / H.S.S.									
B.A / B.Sc. / I	3.Com.									
M.A / M.Sc										
B.Ed / M.Ed										
	d/B.Lib/M.Lib									
Others										
11. Languages	known (underl	ine mother	tongue & put ✓	mark appro	priately)	<u> </u>	ı			
Language	Spo	eak Read			Write	Exam. passed				
English										
Hindi										
Malayalam						1				
Kannada										
Others										

Name & address of the institution	Whether recognized	Duration from to		Classes taught	Subjects taugh		
	Yes / No						
2 F 1 2 21							
 Father's Name Mother's Name 							
5. Spouse's Name				_			
Address							
6. Hobbies : Indoor							
Outdoor							
Have you represented your school	-	-					
If yes, give details							
. They other talents & achievements							
3. In about 30 words explain why yo							
	•••••	• • • • • • • • • • • • • • • • • • • •	•••••		•••••		
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N T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		• • • • • • • • • • • • • • • • • • • •		••••••		
In which news paper did you see theIf appointed, you have to pay a ma				at agual to a	na manth's sale		
rounded off to the next five hundr		_		nt equal to o	nie monuis said		
(This is refundable provided you				e end of the	academic year		
you leave)			-		•		
. Name and address of two well-kno	wn persons in	your area a	s reference				
Name:		Name :					
Position:		Position:					
Address:		Address:					
Phone:	Phone:						
Thone.		Thone.					
hereby declare that the details given ab	oove are true.						
Pate :							
lace :				Signatu	re of Candidat		
This application form duly filled in may be	e sent to Principa	al, Chinmaya	Vidyalaya, Vi	dyanagar, Ka	saragod - 671 12		
Only shortlisted candidates will be called	•	-		-	-		
Any kind of canvassing will lead to disqui	alification.						

4. Copies of certificates need not be sent at present.