

PM SHRI KENDRIYA VIDYALAYA DHARAMSHALA CANTT,
APPLICATION FORM

Post Applied For: ATL LAB INSTRUCTOR

Name: _____

Date of Birth: _____

Father's/Husband Name: _____

Marital Status(Y/N): _____

Sex(F/M): _____

Address: _____

Contact No: 1) _____

2) _____

Email: _____

Educational Qualification (From Class 10th Onwards)

Sr.No.	Qualification	Name of University/ Board	% Marks/Grade

Professional Qualification:

Sr.No.	Qualification	Name of University/ Board	% Marks

Experience:

Sr.No.	Name of Institute	From.....To.....	Nature of Job

Any Other: _____

Name of the Checker: _____

Date: _____

Place: _____

Name & Sign of the candidate