

**BIO-DATA (ANNEXURE 1)**

POST APPLIED : NURSERY TEACHER

Roll No.(to be allotted by office) :

|   |
|---|
| AFFIX RECENT<br>PASSPORT SIZE<br>PHOTOGRAPH |
|---|

01. Name OF CANDIDATE(IN BLOCK) :
02. Email ID :
03. Date of Birth :
04. Father's/ Husband's Name :
05. CONTACT NUMBER :
- 06: ADDRESS :
07. Academic/ Professional qualifications: (Beginning from +2 level)

| S. No. | Name of examination<br>Degree/Diploma<br>/Certificate | Year<br>Of<br>Passing | Total marks<br>obtained/<br>Max. marks | Percentage<br>On aggregate marks | Subjects<br>Offered | Duration<br>Of Course<br>(in Months) | Board/<br>University |
|--------|---|-----------------------|--|----------------------------------|---------------------|--------------------------------------|----------------------|
|        |   |                       |  |                                  |                     |                                      |                      |
|        |   |                       |  |                                  |                     |                                      |                      |
|        |   |                       |  |                                  |                     |                                      |                      |
|        |   |                       |  |                                  |                     |                                      |                      |
|        |   |                       |  |                                  |                     |                                      |                      |
|        |   |                       |  |                                  |                     |                                      |                      |
|        |   |                       |  |                                  |                     |                                      |                      |
|        |   |                       |  |                                  |                     |                                      |                      |

08. Experience: (Certificate should be duly countersigned by the Head of the Institution/ Office.)

| S. No | Post Held | Name of KV/<br>SCHOOL | Period |    | Number of<br>completed<br>YEAR | Subject and<br>classes taught |
|-------|-----------|-----------------------|--------|----|--------------------------------|-------------------------------|
|       |           |                       | From   | To |                                |                               |
|       |           |                       |        |    |                                |                               |
|       |           |                       |        |    |                                |                               |
|       |           |                       |        |    |                                |                               |
|       |           |                       |        |    |                                |                               |
|       |           |                       |        |    |                                |                               |
|       |           |                       |        |    |                                |                               |

I certify that the above information is true to the best of my knowledge and belief and I am liable to be disqualified if any information given is found to be incorrect or incomplete.

Signature with date

