KENDRIYA VIDYALAYA GHUMARWIN

Post a	pplied for :								-						
Name of the candidate :															
Father/Husband's Name :											Paste recent photograph				
Date of Birth :															
Address :															
Phone/Mobile : 1 2															
Educat	tional Qualification	n :-													
S.No.	Degree/Course	University/Board		ard	Subjects		Year of Passing		Total marks		Obtained Marks		d	Percentag	
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Other Qualifications : Teaching Experince:															
S.No.	Name of Institut			Fro	Per om		o		Total			Experience certificate signed by DEO			
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