

JAWAHAR NAVODAYA VIDYALAYA

Distt. _____

**FORMAT FOR EMPANELMENT OF FACULTY-CUM-
SYSTEM-ADMINISTRATOR (FCSA) PURELY ON CONTRACT
BASIS FOR THE SESSION 2019-2010**

To,

The Principal,

_____ Cluster

_____ District

PART-I

1. Tel.No. (with STD Code)/Mobile no.: _____
2. E-Mail Address : _____
3. Name : _____
4. Father's Name : _____
5. Date of Birth (DD/MM/YYYY) : _____
6. Full Address for Communication : _____

7. Home District : _____
8. Category to which belong :- : _____
Gen/SC/ST/PH/OBC/Navodaya Spouse
9. In case of Navodaya Vidyalaya Spouse, give full details:
- A. Name of spouse : _____
- B. Post Held : _____
- C. Place of Posting : _____

Paste Latest
passport size
photograph
of applicant

10. Education Qualification :

S.No.	Course of Study	Max. Marks	Marks Obtained	% age of marks
1	10 th SSC (For the candidates)			
2	12 th HSC (For the candidates)			
3	Graduate with Diploma in Computer Application (equivalent to 'A' level course of DOEACC) from a recognized institution. OR 'A' level certificate from DOEACC.			

	OR BCA from recognized University/Institution OR B Tech / B E in Computer Science / Information Technology or Information Science from a recognized University.			
4	CTET conducted by CBSE (Mention if qualified only)			

(Kindly enclose proof in respect of conversion of grades into marks) Specify Graduation/Post Graduation etc. with subjects, if requiring in the additional rows.

11. Experience in Govt. Residential/Govt. Aided Residential Schools only.

In case of private recognized/unaided schools, experience certificate should be counter signed by DEO.

S.No.	Name of the Institution	Duration		Total Period	
		From	To	Years	Months

Total Experience : _____ Years.
 (to be rounded off in completed years and months should be ignored)

I solemnly undertake that in the event of my appointment on contractual basis in the Samiti, my services are liable to be terminated without notice if any of the foregoing information furnished by me in my application form is found to be wrong or suppressed. I further understand that this appointment is purely on contract and does not confer the right for regularization.

Date:

SIGNATURE OF CANDIDATE

PART – II CERTIFICATE (For office use)

Certified that I have scrutinized personally the information in Part – I above with originals and found it to be in order. Candidate is eligible for the post.

SIGNATURE OF THE OS/DEALING ASSISTANT/VERIFYING COMMITTEE
Name & Designation
Date: