ESSENTIAL QUALIFICATION

S.N.	Name of Post/	Subject (s)
	Subject	XIIth passed and two year D.Ed. Special Education in any of the category of
	Special Educator	disability.
	(Primary)	OR
		2. XIIth passed and one year Diploma in Special Education (DSE) in any of the
		category of disability.
		OR
		3. Diploma in Community Based Rehabilitation (DCBR) with 6 months Certification
		course in Education of Children with Special Needs.
		4. Post Graduate Diploma in Community Based Rehabilitation (PGDCBR) with 6
1		months certificate course in Education of Children with Special Needs.
		or o
		5. Diploma in Multi Rehabilitation Worker (MRW) with 6 months Certificate course
		in Education of Children with Special Needs.
		OR
		6. Junior Diploma in Teaching the Deaf.
		OR
		7. Primary level Teacher Training course in Visual Impairment.
		OR
		8. Diploma in Vocational Rehabilitation- Mental Retardation (DVR-MR) / Diploma in
- 1		Vocational Training and Employment – Mental Retardation (DVTE-MR) with 6
1		months Certificate in Education of Children with Special Needs.
İ		OR Special Country and Special Country (DHI S) with 6 months Certificate
		Diploma in Dearing Language and Speech (DHLS)with 6 months Certificate course in Education of Children with Special Needs.
		course in Education of Children with Special Needs.
2. 5	Special Educator	Graduate with B.Ed. (Special Education)
	•	OR
(Secondary)	2.B.Ed. (General) with one year Diploma in Special Education .
		OR
		3. B.Ed. (General) with two year Diploma in Special Education .
		OR No. 1 And Description (PGPC)
		4. B.Ed. (General) with Post Graduate Professional Diploma in Special Education (PGPC) OR
		5. B.Ed. Special Education and Post Graduate Professional Certificate in Special Education
		(PGPC) OR
		6. PG Diploma in Special Education (Mental Retardation)
		OR
		7. PG Diploma in Special Education (Multiple Disability: Physical &Neurological)
		OR OR
		8. PG Diploma in Special Education (Locomotor Impairment and Cerebral Palsy)
		OR
		9. Secondary level Teacher Training Course in Visual Impairment.
		OR OR
		10. Senior Diploma in Teaching the Deaf OR
		11. BA B.Ed. in Visual Impairment OR
		Any other equivalent qualification approved by RCI
		Any other equivalent decimentary after a
3. F	Remuneration	AS PER KVS RULES

SPECIAL INSTRUCTIONS TO THE CANDIDATES:

.केन्द्रीय विद्यालय सीमा सुरक्षा बल अनूपगढ़ में सत्र 2022-23 के लिए पूर्णत: अंशकालीन संविदा (Part time / Contractual) रूप में विशेष शिक्षक (Special Educator) हेतु विद्यालय परिसर में साक्षात्कार का आयोजन दिनाक: 30/11/2022 (बुधवार) सुबह 10 :00 बजे से किया जाएगा

. इच्छुक् अभ्यर्थी निर्धारित तिथि व समय पर अपने पूर्णतः भरे हुए आवेदन पत्र ,मूल प्रमाण पत्रों व स्व हस्ताक्षरित छायाप्रतिओं के साथ उपस्थित हो ।

.साक्षात्कार हेतु किसी भी प्रकार के यात्रा व्यय का भुगतान नहीं किया जाएगा | नोट: सभी अभ्यर्थियों को Covid-19 हेतु केंद्र सरकार/राज्य सरकार/जिला प्रशासन के द्वारा जारी किये गए नियमों का पालन करना अनिवार्य होगा। प्राचार्य

KENDRIYA VIDYALAYA B SF ANUPGARH

APPLICATION FORM FOR THE POST OF SPECIAL EDUCATOR (SESSION:2022-23)

1-PERSONAL DETAILS (PLEASE FILL IN CA	PITAL LETTERS ONI	Y)-
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		LS (PLEASE FILL	IN CA	AFIIAL	LETTERS	UNLY)-			
i.	POST APPLI							1		
ii.	NAME OF C.									
iii.	-	IUSBAND 'S NAME		_					PHOTOGRAPH	
iv.	GENDER			MALI	E FEM.	ALE				
v.	DATE OF BI	RTH								
vi.	CASTE		SC ST OBC GEN							
vii.	MARITAL S'	TATUS	l	MARRIED UNMARRIED						
viii.	COMPLETE INCLUDING	POSTAL ADDRESS PIN								
ix.	CONTACT N	IUMBERS	_	MOBILE NUMBER : ALTERNATE MOBILE NUMBER:						
x.	x. E-MAIL ID									
EDUCA	TIONAL OU	ALIFICATIONS-								
	of Exam.			Board/University			Year of Passing	% of Marks	Division/ Class	
Sr. Se	condary (XII)						8			
Gradu	ation (BA/B.So	c./ B. Com./ BCA)								
	MA/ M.Sc./ M.	Com./ MCA)								
Other	s, if any									
PROFE	SSIONAL QU	UALIFICATIONS-								
Name	Name of Exam.				Board/University			% of Marks	Division/ Class	
	/ D.El.Ed. (Spec									
B.Ed	(Special Educ	cation)		•						
Other	s, if any									
EXPER	IENCE (Encl	ose experience certif	ficate	for the a	pplied post	only) if	any			
D	ost Held	Name of the	1	From To Ex		Exper	ience in	Classes	Subjects	
1	ost Heid	Institution	1	TOM	10	Mont	hs	Taught	Taught	
		Total	Evmovi	iones in V	0000					
		1 otal	Exper	ience in Y	ears:					
	MARKS: (optose the photoco	i <mark>onal)</mark> opy of marks statem	ent)	L	evel- 1 L	Level-2				
YOUR	SUITABILIT	Y FOR THE POST	(Writ	te it in 10	0 words in	a separ	ate sheet)			
has been	n concealed t	ve said information herein. My candida et at any stage.	ture n	nay be c	ancelled if	any of	the infor	mation furn	ished above is	
		ec(s) are not fake.				-			-	
Place &	Date:	•••••						Signatur	e of Candidate	
			FOR	OFFICE	USE ONL	Y				
1. Eligib	ole / Not Eligib	ole		:						
2. All D	ocuments Atta	ached/ Not Attached		:						
3. Eligi	bility and Doc	uments Verified By		:						
	with Date		:							