

Teacher's Information

T.No: _____ School_index No. _____ Contact No. _____

Name of the teacher: _____

Date of Birth _____ Date of Joining _____

Address : _____

Graduation Subject _____ Class _____

Post Graduation Subject _____ Class _____

Training: _____ Preferred Evaluation Centre(N/S) _____

Relative if any, answering March 2018 Examination:(Name, Stream, School Name & School Address)

Whether working for full academic year ? Y/N. If not reason thereof

Bank Name: _____

Bank Address: _____

Account No. _____ IFSC CODE _____ (Attach of CTS compliant cheque leaf)

Subject	sid	TTE	EX	AE	SE	MOD	AM	SM	SCR	CM	PS	CPS	TRA

Signature and Seal of the HOI

Signature of the Teacher

TTE: Total Teaching Experience in Subject: _____

Note :1) No. of Times→ EXA: Examiner AE: Associate Examiner SE: Senior Examiner MOD: Moderator AM: Associate Moderator SM: Senior Moderator CM: Chief Moderator TRA: Translator PS: Paper Setter CPS: Chief of Paper Setter Panel SCR: Scrutinizer

2) Head of the institution shall ensure that the teacher will be available for confidential work and if any changes occurs, then he/she shall inform to the Board immediately.