



ଓଡ଼ିଶା ଆଦର୍ଶ ବିଦ୍ୟାଳୟ

ODISHA ADARSHA VIDYALAYA

At-Machhara Po-Umuri, Dist-Koraput, Pin-764021

(An English Medium Senior Secondary School affiliated to CBSE, New Delhi

Under Ministry of S & M E, Govt. of Odisha)

Office Contact No.8917375981, Email ID-koraput@oav.edu.in

CBSE Affiliation No. 1520094, School Code-17163, UDISE-21290608004



Letter No.1.27.....

Date...19.10.23

PGTs' & TGTs WANTED ON CONTRACTUAL BASIS

Applications are invited for selecting a panel of Teachers in the following posts in different OAVs of Koraput District on purely temporary / contractual basis for the 2023-24 academic session or till the vacancies are filled up through regular recruitment or transfer, whichever earlier. The interested candidates below 65 years of age can send their application with their complete Bio-data and photocopies of all documents/ certificate within 8 days of this advertisement in the school address or by e-mail in the [id-koraput@oav.edu.in](mailto:koraput@oav.edu.in). Eligible candidates will be called after scrutinizing the applications. Last date for the apply is :27.10.2023.

SL NO	NAME OF THE POST	ESSENTIAL QUALIFICATION	Remuneration per Month
01	PGT(Phy.), PGT(Chem.), & PGT(ENG.)	Post Graduate in Concerned Subject with 50% Marks in aggregate with B.Ed (NCTE Approved)	Monthly Rs:- 25000/- (Rupees Twenty Five Five Thousand Only)
02	TGTs-English, Maths, Science, S.st, Hindi, Sanskrit	Graduation in Concerned Subject with 50% Marks in aggregate with B.Ed (NCTE Approved) with CTET \ OSSTET.	Monthly Rs:- 20000/- (Rupees Twenty Five Thousand Only)

Note:- 1. For hard Stations it will Rs:- 30,000/- for P.G.T.s & Rs:- 25,000/- for T.G.T.s

Sachin Kumar
Principal
OAV Machhara
Block/Dist - Koraput
Principal
OAV MACHHARA
DIST-KORAPUT

BIO DATA

POST APPLIED FOR: _____

NAME :

FATHER'S NAME :

MOTHER'S NAME :

D.O.B :

MOBILE :

GENDER :

LANGUAGES KNOWN :

EMAIL ID :

MARITAL STATUS :

NATIONALITY/RELIGION:

PASTE RECENT
PASSPORT SIZE
COLOURED
PHOTO GRAPH

EDUCATIONAL QUALIFICATION:

SL NO	QUALIFICATION	BOARD/UNIVERSITY	TOTAL MARK	MARK OBTAIN	PERCENTAGE	YEAR OF PASSING
1	10TH					
2	+2/INTERMEDIATE					
3	GRADUATION					
4	POST. GRADUATION					
5	B.Ed					
6	M.PHIL/P.HD					
7	ANY OTHER					

EXPERIENCE:

SL NO	NAME OF THE INSTITUTION	POST HELD	DATE OF JOINING	DATE OF LEAVING
1				
2				
3				

ADDRESS FOR COMMUNICATION:

Present Address: _____

Permanent Address: _____

I do hereby declare that, all the information given by me is true and correct to the best of my knowledge and belief. If any information found wrong or incorrect at any stage my candidature will liable to be terminated at any time without assigning any reason thereof.

Place:

Date:

Signature of the Candidate