

Dashboard

OASIS Form



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TEACHER INFORMATION				
TEACHER CODE*				
TEACHER NAME*				
MOBILE NUMBER*				
EMAIL ID*				
DATE OF BIRTH (dd/MM/yyyy)*				
GENDER*				
Select				
AADHAAR NUMBER*				
SOCIAL CATEGORY*				
Select				
DESIGNATION*				
Select				
TYPE OF TEACHER*				
Select				
TEACHER QUALIFICATION*				
Select Qualification				
NATURE OF APPOINTMENT*				
Select				
DATE OF JOINING IN SERVICE (dd/MM/	′yyyy) <mark>*</mark>			
HIGHEST QUALIFICATION(ACADEMIC)*				
TOTAL DAYS OF IN SERVICE TRAINING (BRC)	IN LAST A	ACADEN	IIC YEAR	

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TOTAL DAYS ((CRC) *	OF IN SERVICE TRAINING IN LAST ACADEMIC YEAR
APPOINTED F	OR SUBJECT*
TOTAL DAYS ((DIET) *	OF IN SERVICE TRAINING IN LAST ACADEMIC YEAR
MAIN SUBJEC	T TAUGHT*
NO. OF WORK	NG DAYS SPENT ON NON TEACHING ASSIGNMENTS?
ADDITIONAL S	SUBJECT TAUGHT*
	ICE STUDIED UPTO* SE OF COMPLITER/TEACHING THROUGH COMPLITER
TRAINED IN U	SE OF COMPUTER/TEACHING THROUGH COMPUTER
TRAINED IN U	SE OF COMPUTER/TEACHING THROUGH COMPUTER DIED UPTO*
TRAINED IN U	SE OF COMPUTER/TEACHING THROUGH COMPUTER DIED UPTO*
TRAINED IN USE Select ENGLISH STUING DISABILITY (IF	SE OF COMPUTER/TEACHING THROUGH COMPUTER: DIED UPTO*
TRAINED IN USE Select ENGLISH STUDION OF SELECT SOCIAL STUDION OF SELECT	SE OF COMPUTER/TEACHING THROUGH COMPUTER: DIED UPTO*
TRAINED IN USE Select ENGLISH STUDION SELECT SOCIAL STUDION SELECT	SE OF COMPUTER/TEACHING THROUGH COMPUTER DIED UPTO*



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ENGLISH	☐ Hindi ☐ URDU ☐ PUNJABI ☐ BENGALI
SC CODE*	
ELECT CLASS	SES TAUGHT
☐ KG-NURSE	ERY CLASS I CLASS II CLASS III
☐ CLASS IV	☐ CLASS V ☐ CLASS VI ☐ CLASS VII
☐ CLASS VII	I ☐ CLASS IX ☐ CLASS X ☐ CLASS XI
CLASS XII	
PAN NO.*	

SECONL	ARY EDUCATION
SUBJECT	(1) (Currently Teaching)
Select-	
SUBJECT	(2)
Select-	
EXPERIEN	CE SUBJECT -(1) (Currently Teaching)
EXPERIEN	CE SUBJECT -(2)
WARD AP	PEARING IN CLASS 10 SUBJECT-1 ABOVE



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SENIOR SECONDARY EDUCATION	
SUBJECT -(1) (Currently Teaching)	
Select	
SUBJECT -(2)	
Select	
EXPERIENCE SUBJECT -(1) (Currently Teaching)	
EXPERIENCE SUBJECT -(2)	



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17.11.5 7.11 1.2.11.11.10 11.10 12.100 12.0050201 17.15012
Select
PERSONAL DETAILS
FATHER/SPOUSE NAME*
TRAINED OR UNTRAINED*
Select
CONFIRMATION DATE (dd/MM/yyyy)*
NAME OF TRAINING COURSE(S) ATTENDED
SCALE OF PAY(RS)*
DURATION IN DAYS*
BASIC PAY(RS)*
TRAINING PROGRAMME ORGANIZED BY
Select
DA/OTHER ALLOWANCE(RS)*

SUBMIT

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