SUL	पीएम श्री केन्द्रीय विद्यालय क्र.3, मुरार छावनी	, ग्वालियर
Zur	PM SHRI KENDRIYA VIDYALAYA NO.3 MORAR CAN	T <u>, GWALIOR</u>
	WALK IN-INTERVIEW PROFORMA 2025-26	[
व्य ल प्रम अवग्र केन्द्रीय विद्यालय संगठन		Paste Photo

-			raste rnoto
1.	Post Applied For		
2.	Name		
3.	Father's /Husband Name		Not to Pinup/Staple
4.	Date Of Birth		• • •
5.	Address	L	
6.	Mobile No. 1	2. (Whatsapp No.)	•••••
7.	EMAIL-ID		

- 9. Educational Qualifications :-

Name of Examination (with complete	Subjects	Year of passing	AGGREGATE				Board/ University	Remarks
name of course passed)		Pussing	Max. Marks	Marks obtained	% age of marks	Division	University	
High School (Class X)								
Intermediate (Class XII)								
Graduation (Name of Course)								
Post Graduation (Name of Course)								
Others if any (Specify)								

1. Professional Qualification (Attach attested copies of mark sheets & certificates)

Name of Examination		Write name of		AGGREGRATE MARKS				Duration of	
(with co	mplete name rse passed)	Examination passed	Year of passing	Max. Marks	Marks obtained	% age of marks	Subjects /Specialization	course (in months)	Board/ University
	/D.EL.ED / specify)								
	Theory								
B.ED	Practical								
MBB	Tech (CS)/ S Degree a in Nursing								
Other if	f any (specify)								

2. Experience(Attach separate sheet, if columns are insufficient)

		Period	of service	No. of	Classes	
Post held	Name of Institution	From	То	completed years & months	taught	Subjects taught

3.	Are you able to teach through English and Hindi, both? (Please mark($$)tick in the appropriate box)For teaching posts	YES		NO	
4.	Do you have knowledge of computer application? (Please mark($$)tick in the appropriate box)For teaching posts	YES		NO	

UNDERTAKING

I hereby certify that all the information given above is true and correct to the best of my knowledge. I have attached attested copies of my testimonials in support of the entries made above. I also agree that mere eligibility does not confer right to be called for interview/selection. My candidature may be cancelled in case any information is found to be incorrect on verification.

|--|

Date_____

Signature	
Dignatare	

Name_____

Contact No.

To be filled by Vidyalaya		
Documents Verified by	:	
Teacher's Name	:	
Designation	:	
Signature	:	