

# KENDRIYA VIDYALAYA KARIMNAGAR

## SESSION 2025-26

### APPLICATION FORM

S.no.....

Post applied for ..... Subject .....

1. Name (In Capital Letters).....

Fathers' Name (In Capital Letters).....

2. Date of Birth (DD/MM/YYYY).....

3. Category (SC/ST/OBC/Gen.)..... Gender (Male/Female/Third Gender).....

4. Contact Address.....

.....

City..... District..... State.....

5. Phone No with STD Code.....

6. Mobile No..... Alternate Mobile No.....

7. Email Id.....

Paste your recent  
photograph here

#### 8. Educational Qualification:

| S.No. | Name of the Exam | Name of Board/ University | Year of Passing | Percentage | Subjects |
|-------|------------------|---------------------------|-----------------|------------|----------|
| 1     |                  |                           |                 |            |          |
| 2     |                  |                           |                 |            |          |
| 3     |                  |                           |                 |            |          |
| 4     |                  |                           |                 |            |          |
| 5     |                  |                           |                 |            |          |
| 6     |                  |                           |                 |            |          |

#### 9. Professional Qualification: (D.Ed./B.Ed./B.PEd/MCA/PGDCA/CTET etc)

| S.No. | Name of the Exam | Name of Board/ University | Year of Passing | Percentage | Subjects |
|-------|------------------|---------------------------|-----------------|------------|----------|
| 1     |                  |                           |                 |            |          |
| 2     |                  |                           |                 |            |          |
| 3     |                  |                           |                 |            |          |
| 4     |                  |                           |                 |            |          |

10. NET/SLET/TET/CTET.....

11. Any Extra Achievement.....

12. Experience: (If Any)

| S. No. | Name of The Organization | Subject Taught | Duration in Months | Period |    | Salary Drawn | Remark |
|--------|--------------------------|----------------|--------------------|--------|----|--------------|--------|
|        |                          |                |                    | From   | To |              |        |
| 1      |                          |                |                    |        |    |              |        |
| 2      |                          |                |                    |        |    |              |        |
| 3      |                          |                |                    |        |    |              |        |
| 4      |                          |                |                    |        |    |              |        |
| 5      |                          |                |                    |        |    |              |        |

**Note:**

1. Appointment will be purely on Part time/ Contractual basis for the session 2024-25.

**Declaration:**

This is to certify that the above information is correct and best to my knowledge.

Place:.....

Signature of the Candidate .....

Date:.....

Name of the Candidate.....

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Official Use Only

Verified By:

1. Name ..... Designation..... Signature.....

2. Name .....Designation..... Signature.....

Remark (If Any).....

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