## PM SHRI KENDRIYA VIDYALAYA No. 3 Bhopal

APPLICATION FORM FOR THE CONTRACTUAL TEACHER SESSION 2025-26 OF VOCATIONAL TEACHER

Important Notes:- 1: All Entries should be made in Capi 2: One form should be used for one 3: Enclose attested copies of testime	post.	applied for more than	one post).	
1: POST APPLIED FOR:  SUBJECT APPLIED FOR  (IN CASE OF PGT/TGT)				PLEASE AFFIX ONE RECENT PHOTOGRAPH WITHOUT ATTESTATION  (SIGNATURE OF CANDIDATE)
2: CANDIDATE'S NAME (IN CAPITAL	LETTERS) (Please keep one	blank between First, Middle		(SIGNATORE OF CANDIDATE)
3: FATHER'S NAME /HUSBAND NAM	E (in Capital Letters)	FATHER:		HUSBAND:
4: DATE OF BIRTH:  5: GENDER:  6: AGE AS ON: 31/03/2025  Ye  7: CANDIDATE ADDRESS WITH CONT	M M Y  FEMALE   Ars Months	Y Y Y  5: (A) CATEGORY  Days	(GEN / SC	C /ST/ OBC)
EMAIL ID: Aadhar Card No. (Enclose copy of Mobile No.(Please mention at lea	·	PAN NO (	Enclose copy o	f PAN )Card):

 ${\bf 8: A cademic\ Qualification\ (Starting\ from\ High\ School\ level):}$ 

Dloggo give information of	a applicable (Attack a	olf attacted copies of N	Mark sheets and Certificates)
Piease give information a	is addiicadie (Attach-s	en-attested cobies of N	Tark sneets and Certificates)

Name Of Examination (With Complete Name Of Course Passed)	Write Name Of Examination Passed.	Year Of Passing	Max. Mark	Marks Obtained	% Of Marks	Subject/ Specialization	Duration Of Course In Month	Board/ University
High School(Class X)								
Intermediate (Class XII)								
Graduation (Name Of Course)								
Post- Graduation (Name Of Course)								
Other's If Any (Specify)								

9: Professional Qualification (Attach attested copies of mark sheets and Certificates:

Name Of Examination (With Complete Name Of Course Passed)	Write Name Of Examination Passed.	Year Of Passing	Max. Marks	Marks Obtained	% Of Marks	Subject/ Specialization	Duration Of Course In Month	Board/ University
CTET (I To V) Qualified								
CTET (VITo VIII) Qualified								
B.Ed. (Theory)								
B.Ed. (Practical)								
BE/B.Tech(CS)/ MBBS Degree/ Diploma in Nursing/Counseling/ Yoga/Special Educator								
Others -If Any (Specify)								

10: Experience in Similar post only- with Minimum completed 6 months in an academic year

(Attach self-attested certificates, if experience is in KV/JNV/CBSE Affiliated School/Other recognized schools.

Attach separa	ate sheet, if rows are ins	ufficient)				S	
Post Held	Name Of Institution with Board (if Applicable)	Period Of Service		No. Of Completed Years and months	Class Taught	Subject Taught	Scale Of Pay and Salary
		From	to	months			Per Month
(Please mark ()	teach through English and Hindi, tick in the appropriate box) for te	aching posts	YES	NO _			
•	nowledge of Computer Application tick in the appropriate box) for tea		YES	NO NO			
	member of KVS Employees?	crimg posts	123				
	cick in the appropriate box)		YES	NO _			
			<u>UNDERTAKI</u>	NG			
attested copies	fy that all the information of my testimonials in suppled for interview/ selections:	port of the e	ntries made	above. I also agr	ee that mere	eligibility does	s no confer
PLACE							
DATE		• • • • • • • • • • • • • • • • • • • •	••			Signature	
	FOR C	FFICE US	E ONLY (to	be filled by che	ckers)		
REMARK(ab	out eligibility for the post	t applied ):					
N D :			Verified E	У			
	nation & Sign of Checker						
1							•••
2							