



पीएम श्री केन्द्रीय विद्यालय क्र.३,दिल्ली छावनी

PM SHRI KENDRIYA VIDYALAYA NO. 3 DELHI CANTT

(शिक्षा मंत्रालय, भारत सरकार)

(Ministry of Education, Govt. of India)

रिंग रोड (नारायणा)दिल्ली छावनी, नई दिल्ली-110010

Ring Road (Naraina), Delhi Cantt, New Delhi-110010

दूरभाष: Telephone no. 011-25693499,

Email Id: pmshrikvdelhicantt3@kvsrodelhi.in

Website: no3delhicantt.kvs.ac.in

F.1411/KV/DC3/2025-26/

DATE:18.09.2025

प्रत्यक्ष साक्षात्कार/WALK IN INTERVIEW

PM SHRI KV No. 3 Delhi cantt is organising inetrviews for the post of ATL/Vocational, Instructor (Qualification: B.E., BTech, Electronic and communication Engineering with min. one year experience in the relevant field) on contract basis under the PM SHRI scheme on 06.10.2025 (Monday).

Sl. No.	Date of Interview	Post
1	06.10.2025	ATL/Vocational Instructor

Note:

- 1. The registration will be done from 9.00 am to 10.00 am
- 2. Bring the completely filled registration form.
- 3. All the Original documents along with 1 copy of each and 2 passport size coloured photograph.
- 4. For eligibility and salary refer to the circular on the school website http://no3delhicantt.kvs.ac.in

Principal



PM SHRI KENDRIYA VIDYALAYA NO 3 DELHI CANTT.

New Delhi, 110010 APPLICATION FORM

	Na	me of	the Post Appli	ed f	for:		1 1 1	<u> </u>					
1.	Name of the Candidate: (In English):												
			Paste a passport size latest										
2.	Father's/ Husband's Name: photograph here												
3.	Address for Communication/Contact:												
4.	Contact No.	- Mobi	le No. 1:			Mobile No.	2 :						
5.	Email Id:												
6.	Date of Birth:												
7.	Educationa	l Qual	ifications										
Exam	Passed		Board/ Univers	ity	Passing Year	Subjects %		% of Ma	of Marks Remark (If any)				
Intern	nediate/ 10+2	2,0											
BA/B.	Com/B.Sc												
MA/N	MA/M.Com/M.Sc												
Any o	ther Qualifica	tion											
8.	Professiona	Qualif	fications (if any)		:								
Cours	e	Board	d/University		Passing Year	Subjects		% of Marks		Remark (If any)			
9.	Teaching Ex	periend	ce if any :		-								
S.	Name of Organization		tion	Ро	st/Capacity	Period		Total Experience in					
No			Held		From To		Months						
1.			7										
1.	P)		9					80					
2.													
3.			1										
10.	CTET Qualifi	ed (Yes	i/No):		Paner	l or II :	<u> </u>	Year:					
		62	15										
11.													
12.					10.750	0.50	20			of my knowledge			
and if a	anything is fol	und wro	ong at any point	of t	ime my candida	iture may be t	reated as co	ancelled w	vith i	mmediate effect.			
Date:						Sign	nature of th	e Annlica	nt				
Place:	State Control of the												
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Verifie	d by: - (For of	fice us	e only)			Dat	:e:						
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