## PM SHRI KENDRIYA VIDYALAYA WARANGAL

<u>APPLICATION FORM FOR APPOINTMENT OF TEACHERS/INSTRUCTORS/COACHES/VOCATIONAL INSTRUCTOR/DOCTOR/NURSE/COUNSELLOR/YOGA TEACHER ETC. ON COTRACT BASIS</u>

**Session: 2025-26** 

Important notes: 1. All entries should be made in capital letters

2. One form should be used for one post.

3. Enclose attested copies of testimonials with each form. (If applied for more than one post)

1.	POST APPLIED FOR  (Please indicate whether PGT/TGT/PRT/ /Computer Instructor/Experts in Art & Craft/ Dance & Music/Coaches/Doctor/Nurse/Yoga in the box)									S					PLIE GT/T										
2. Car	 ndidate	's Na	me (ir	n capi	tal lette	ers) (P	lease	keep	one	box l	ا Dlanl	k be	etween	First	ı ,name	Mid	ldle i	name	& L	ast n	iame)				
3. Father's /Husband's Name (in capital letters) Fat (Please keep one box blank between First name, middle name						athei ne &	-	st nam	e)			Hus	band												
																T								T	l
4. Oc	cupatio	n of	Snous	e witl	n Addre	ess (if	annlid	able	)					l l		l l	<u> </u>				ı			<u> </u>	
 5. Dat	5. Date of Birth:  DAY  MONTH							YEAR					Gend ase T			M		]	F						
7. Cat	tegory (	(Plea:	se Tick	<b>(</b> )	SC			ST		Ol	ЗС		PH		GEN	١									
8. Cai	ndidate	Add	ress (i	n cap	itals let	ters)																			$\neg$
N	ame		:																						
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C	ity/Tow	'n	:																						
P	h/Mob	ile No																							
			2	2.					PIN																

## 9. Academic Qualification (Starting from High School level)

(Please give information as applicable. (Attach attested copies of Mark sheets and Certificates)

Name of Examination	Write Name		AGG	REGATE MAI	RKS		Duration	
(with complete name of course passed)	of Examination Passed	Year of Passing	Max. Marks	Marks obtained	%age of marks	Subjects / Specialization	of course (in months)	Board/ University
High School (Class X)								
Intermediate (Class XII)								
Graduation (Name of Course)								
Post Graduation (Name of Course)								
Others if any (Specify)								

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

Name of	Write name		AGGR	EGRATE M	ARKS		Duration	
Examination (with complete name of course passed)	of Examination passed	Year of passing	Max. Marks	Marks obtained	%age of marks	Subjects /Specialization	of course (in months)	Board/ University
D. Ed./B. El. Ed.								
B. ED								
BE/B.Tech(CS)/ Degree / Any other								
CTET / STET								

	CTET / STET											
11.	. Experience (Attacl	n separate sheet, if c	columns ar	e insuffici	ent)							
	Post held Name of Institution		Peri	od of servic	ce	No. of completed years & months			Class taught			
12.	Are you able to teac (Please mark $()$ tick	h through English as					YES		NO			
13.	<b>Do you have knowle</b> (Please mark $()$ tick	edge of computer appoint in the appropriate bo		thing posts			YES		NO			
				UNDE	RTAKIN	IG						
	ereby certify that all the imonials in support of											

I he of my ction. My candidature may be cancelled in case any information is found to be incorrect on verification.

Place	
Date	Signature
Contact No	· · · · · · · · · · · · · · · · · · ·
	Name