

PM SHRI KENDRIYA VIDYALAYA WARANGAL

SESSION 2026-27

APPLICATION FORM

S.no.....

Post applied for Subject

Paste your recent
photograph here

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.....

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

Official Use Only

Verified By:

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

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

Remark (If Any)

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