

# PM SHRI KENDRIYA VIDYALAYA EAC UPPER SHILLONG

## APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS(PGT/TGT/PRT)/INSTRUCTORS/COACHES/COUNSELOR/NURSE ETC. : 2026-27

POST APPLIED FOR:..... SUBJECT: .....

1	Name of the Candidate :	
2	Father's / Husband's Name :	
3	Date of Birth :	
4	Sex (Male/Female) :	
5	Complete Postal Address (with PIN code) :	PIN
6	E-Mail Address :	
7	Mobile No. :	



Signature of Candidate

### 8. Academic Qualification (Starting from + 2 Stage)

(Please give information as applicable. Attach Xerox copies of mark sheets & certificates in serial order)

Name of Examination (write complete name of course passed)	Please write, name of Examination Passed	Year of Passing	AGGREGATE MARKS			% age in subject applied	Subjects	Duration of Course (in months)	Board/ University
			Max. Marks	Marks Obtained	%age of marks				
Senior Secondary (Class XII)									
Graduation (Name of course)									
Post-Graduation (Name of course)									
CTET									
JBT/ B.El.Ed./B.Ed. (Specify)									
Others (if any) (Specify)									

### 9. Teaching Experience (Attach Self- Attested Xerox Copies of Certificates & Testimonials in Serial Order)

Post Held	Name of Institution	Whether Recognized	Period of Service		No. of Completed months	Subject and Classes taught	Scale of pay and From To salary per month
			From	To			

10. Are you able to teach through English and Hindi, both?

(Please Tick mark in the appropriate box)

Yes

No

#### DECLARATION TO BE SIGNED BY THE CANDIDATE

I hereby certify and declare that:

1. I am an Indian National.
2. I have read the provisions given in the Advertisement and I accept all the terms and conditions of contractual teachers in KVS.
3. All statements made and information given by me in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information or part of it being found false or incorrect my candidature/engagement shall automatically stand cancelled/terminated.
4. I further declare that I fulfill all the conditions of eligibility regarding educational, professional qualifications, etc. prescribed for the post applied for as on date. The essential qualifications prescribed are possessed by me, the proofs of which have been enclosed.

PLACE: \_\_\_\_\_

DATE: \_\_\_\_\_

Signature of Candidate

-----For Office Use Only-----

Sl.No. ....

Post Applied For.....

Eligible/Not Eligible

Remarks.....

Name & Signature of Checker