



पीएम श्री केन्द्रीय विद्यालय सीआरपीएफ ग्रुप सेंटर नयागांव
ग्वालियर

PM SHRI KENDRIYA VIDYALAYA CRPF GROUP CENTER NAYAGAON,

GWALIOR

WALK IN-INTERVIEW PROFORMA 2025-26

Paste Photo

1. Post Applied For Subject
2. Name
3. Father's /Husband Name
4. Date Of Birth
5. Address
6. Mobile No. 1. 2. (Whatsapp No.).....
7. EMAIL-ID.
8. Category(SC/ST/OBC/UR)
(Attached Copy Of Certificate)
9. Educational Qualifications :-

**Not to
Pinup/Staple**

Name of Examination (with complete name of course passed)	Subjects	Year of passing	AGGREGATE				Board/ University	Remarks
			Max. Marks	Marks obtained	% age of marks	Division		
High School (Class X)								
Intermediate (Class XII)								
Graduation (Name of Course)								
Post Graduation (Name of Course)								
Others if any (Specify)								

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

Name of Examination (with complete name of course passed)	Write name of Examination passed	Year of passing	AGGREGATE MARKS			Subjects /Specialization	Duration of course (in months)	Board/ University
			Max. Marks	Marks obtained	% age of marks			
JBT/D.ELED / (specify)								
B.ED	Theory							
	Practical							
BE/ B.Tech (CS)/ MBBS Degree /Diploma in Nursing								
Other if any (specify)								

2. Experience(Attach separate sheet, if columns are insufficient)

Post held	Name of Institution	Period of service		No. of completed years & months	Classes taught	Subjects taught
		From	To			

3. Are you able to teach through English and Hindi, both?
(Please mark(√)tick in the appropriate box)For teaching posts

YES	
YES	

NO	
NO	

4. Do you have knowledge of computer application?
(Please mark(√)tick in the appropriate box)For teaching posts

UNDERTAKING

I hereby certify that all the information given above is true and correct to the best of my knowledge. I have attached attested copies of my testimonials in support of the entries made above. I also agree that mere eligibility does not confer right to be called for interview/selection. My candidature may be cancelled in case any information is found to be incorrect on verification.

Place_____

Date_____

Signature_____

Name_____

Contact No._____

To be filled by Vidyalaya

Documents Verified by	:
Teacher's Name	:
Designation	:
Signature	: