PM SHRI KENDRIYA VIDYALAYA SASARAM

APPLICATION FOR PART TIME CONTRACTUAL TEACHERS SESSION: 2025-26 PGT/TGT/PRIMARY TEACHER/INSTRUCTORS/COACHES/EXPERTS/DOCTOR/NURSE/SPECIAL EDUCATOR/COUNSELLOR /BALVATIKA ETC.

Important Notes:

| 1. All entries should be made in Capital Letters |
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|--|

- 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)

Please affix one recent selfattested photograph here

| POST APPLIED FOR: |
|----------------------|
| SUBJECT APPLIED FOR |
| IN CASE OF PGT/TGT): |
| |

(SIGNATURE OF THE CANDIDATE)

2. Candidate's Name (in Capital Letters) (please keep one box blank between First Name, Middle Name & Last Name)

3. Father's Name/Husband's Name (in Capital Letters) (Please keep one box blank between First Name, Middle Name & Last Name)

| 4 | . DA | ате | OF | BIF | RTH | : | Da | ite: | | Мо | nth | .: | Ye | ar: | | | | | | |
|---|------|-----|----|-----|-----|---|----|------|--|----|-----|----|----|-----|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |

(Please mark ($\sqrt{}$) tick in the appropriate box) 5.

| GENDER: | MALE | | FEMALE | |
|---------|------|--|--------|--|
|---------|------|--|--------|--|

Category (GEN/SC/ST/OBC/PH): ____

6. Age as on 31/03/2025:

7. CANDIDATE ADDRESS WITH CONTACT NO.

| House/Flat No: | | | | | Mobile No: | | | | | | | | | |
|--------------------|------------|---|------|----|------------|-----|--|--|--|--|--|--|--|--|
| Street No/Village: | | | | | | | | | | | | | | |
| Post Office: | | V | hat | sA | pp | No: | | | | | | | | |
| Police Station | City/Town: | | | | | | | | | | | | | |
| District: | State: | P | in C | oċ | le: | | | | | | | | | |

Academic Qualification (Starting from High School level) 8.

Please give information as applicable (Attach attested copies of Marks sheet and Certificates)

| Name of | Write name of | Year of | Max. | Marks | % of | Subject/ | Duration | Board / |
|---------------------|---------------|---------|-------|----------|-------|----------------|----------|------------|
| Examination | Examination | passing | Marks | Obtained | marks | Specialization | of | University |
| (with complete | passed | | | | | | course | |
| name of course | | | | | | | in Month | |
| passed) | | | | | | | | |
| High | | | | | | | | |
| School | | | | | | | | |
| (Class X) | | | | | | | | |
| Intermediate (Class | | | | | | | | |
| XII) | | | | | | | | |
| Graduation | | | | | | | | |
| (Name of | | | | | | | | |
| Course) | | | | | | | | |
| Post- | | | | | | | | |
| Graduation | | | | | | | | |
| (Name of | | | | | | | | |
| Course) | | | | | | | | |
| Others if any | | | | | | | | |
| (specify) | | | | | | | | |

| Name of Examinat | ion | Name of | Year of | Max. | Marks | % of | Subject/ | Duration | Board / |
|--------------------|-----------|-------------|---------|-------|----------|-------|----------------|-----------|------------|
| (with complete nat | ne of | Examination | Passing | Marks | Obtained | marks | Specialization | of course | University |
| course passed | | Passed | | | | | | in Month | |
| | | | | | | | | | |
| CTET (I to V) Qual | ified | | | | | | | | |
| CTET (VI to XII) Q | ualified | | | | | | | | |
| B. Ed./ | Theory | | | | | | | | |
| D.El.Ed./ NTT | | | | | | | | | |
| /ECCE/B.Ed. | Practical | | | | | | | | |
| (Nursery) | | | | | | | | | |
| (2 years) / any | | | | | | | | | |
| similar | | | | | | | | | |
| recognized | | | | | | | | | |
| course | | | | | | | | | |
| MBBS Degree/ | | | | | | | | | |
| Diploma in | | | | | | | | | |
| Nursing/Yoga/ | | | | | | | | | |
| Counseling | | | | | | | | | |
| Others if any | | | | | | | | | |
| (Specify) | | | | | | | | | |

9. Professional Qualification (Attach attested copies of Mark sheets and Certificates)

10. Experience (Attach certificates if experience is in the recognized school priority will be given)

| Post Held | Name of Institution | Period of | fservice | No. of Completed Years & Months | Class | Subjects taught | Scale of pay and salary |
|-----------|------------------------|-----------|----------|------------------------------------|--------|--------------------|----------------------------|
| | Institution | From | То | rears & months | taught | taught | per month |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

YES

11. Proficiency in teaching in Hindi?

NO

NO

NO

Proficiency in teaching in English? YES

(Please mark ($\sqrt{}$) tick in the appropriate box) for teaching posts

12. Do you have knowledge of Computer Application? YES (Please mark ($\sqrt{}$) tick in the appropriate box) for teaching posts

13. Are you a family member of KVS Employees? If yes please give details:
A) Name of KVS Employee: ______ B) Designation: _____ C) Place: _____

UNDERTAKING

I hereby certify that all the information given above is true and correct to 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.

Nomo

| Date: | | Name: | |
|--|-------------------|--------------------|------------------|
| Place: SASARAM | | Signature: | Mob No: |
| ************************************** | | | |
| Certified that the | candidate produce | a following origin | nal certificate: |
| I. Secondary | | V. Professional | |
| II. Sr. Secondary | | VI. CTET | |
| III. Graduation | | VII. Experience | |
| IV. Post-Graduatior | n 🗌 | | |

Verifying Official Remark:

Data

The Candidate is found **Eligible / Not Eligible** as per the eligibility Criteria of the Post______ **Reason for Non-eligibility:**______

1. Name & Sign of the Checker