## PM SHRI KENDRIYA VIDYALAYA NO.1, SATNA

APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS/ INSTRUCTORS/ COACHES EXPERTS/ DOCTOR/ NURSE, ETC.

## 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 self attested copies of testimonials with each form.

POST APPLIED FOR		SUBJECT APPLIED FOR (In case of PGT/TGT)
		<b>→</b>
2. Candidate's Name (in capital le	etters) (Please keep one box blank betv	ween First name, Middle name & Last name)
3. Father's /Husband's Name (in	capital letters)(Please keep one box	blank between First name, middle name & Last name)
4. Mobile Number (Mandatory)		
5. Alternate Mobile Number.		
6. E-mail Id (Mandatory)		
7. Date of Birth:		8. Gender (Please Tick) M F
9. Age as on 31.03.2025	Year Month	YEAR Days
10. Candidate Address		Please affix one recent
Name :		coloured Photograph
Father/Husband's Name :		without attestation
Address :		
City/Town :	PIN	
Ph/Mobile No.		Signature of Candidate

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

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

Name of Examination (with complete name of course passed)	Write name		AGGREGATE MARKS			Subjects	Duration	
	of Year of Examination passing passed	Max. Marks	Marks obtained	%age of marks	/Specializatio n	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)								

Note: - Please provide information for the qualification completed on the date of interview.

	xamination	Write name	Vaarat	AGGREGRATE MARKS			Subjects	Duration	Board/
(with complete name of course passed)		Examination passed	n passing	May	Marks obtained	%age of marks	/Specialization	of course (in months)	Board/ University
TET (I to V)	) Qualified								
TET (VI to '	VIII)								
The	eory								
B. ED Prac	ctical								
	e /Diploma in inseling/Yoga								
ther if any (s	specify)								
Post	ence (Attach so	Period of	service	No. of com	pleted	Class	ized Schools).  Subjects taug		ale of pay
held	Institution	From			years & months tau		Subjects taug		month
	able to teach to mark $()$ tick				sts	YES		NO	
	have knowledg mark (√) tick				sts	YES		NO	
(Please mark ( $$ ) tick in the appropriate box) For teach 16. Are you a family member of KVS regular Employees					YES		NO		
(Please mark ( $$ ) tick in the appropriate box)  If yes write his/her name				most					
ii yes writ	e ms/ner name						resent prace or po	sung	
copies of m	ny testimonials	in support of t	the entries ma	e is true and ade above. I	also agree	the best of that mere e	f my knowledge. ligibility does not nd to be incorrect	confer right	to be called
Name					Signature	e with date-			
			Only	for office	<u>use</u>				
		- 11- 1114 14		ntial anal	lification	as par tha	KVS recruitme	ant rulae	
I have ver	rified the elig	gibility crite	ria and esse	ililai quai	IIICation	as per the	11 v D Teer dittill	in rules.	
				-		-			

Name\_\_\_\_\_Signature \_\_\_\_\_