

PM SHRI KENDRIYA VIDYALAYA NO.1, SATNA

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

Session-2026-27

- 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.

1. **POST APPLIED FOR**

--

SUBJECT APPLIED FOR
(In case of PGT/TGT)

--

2. **Candidate's Name** (in capital letters) (Please keep one box blank between 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:**

DAY			MONTH			YEAR			

8. **Gender**
(Please Tick)

M		F	
---	--	---	--

9. **Age as on 31.03.2026**

Year			Month			Days	
------	--	--	-------	--	--	------	--

10. **Candidate Address**

Name	:							
Father/Husband's Name	:							
Address	:							
City/Town	:	PIN <table border="1" style="display: inline-table; width: 100px; text-align: center;"> <tr> <td style="width: 15px; height: 15px;"></td> </tr> </table>						
Ph/Mobile No.	:							

Please affix one recent coloured Photograph without attestation

--

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 of Examination passed	Year of passing	AGGREGATE MARKS			Subjects /Specialization	Duration of course (in months)	Board/ University
			Max. Marks	Marks obtained	%age of marks			
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.

12. Professional Qualification (Attach self 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			
CTET (I to V) Qualified								
CTET (VI to VIII) Qualified								
B. ED	Theory							
	Practical							
MBBS Degree /Diploma in Nursing / Counseling/Yoga								
Other if any (specify)								

13. Experience (Attach self attested copies certificates if experience is in the recognized Schools).

Post held	Name of Institution	Period of service		No. of completed years & months	Class taught	Subjects taught	Scale of pay and salary per month
		From	To				

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

16. Are you a family member of KVS regular Employees
(Please mark (√) tick in the appropriate box)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If yes write his/her name _____ post _____ present place of posting _____

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.

Name _____

Signature with date- _____

Only for office use

I have verified the eligibility criteria and essential qualification as per the KVS recruitment rules.

Remark _____

Name _____ Signature _____

Name _____ Signature _____