PM SHRI KENDRIYA VIDYALAYA V.F., JABALPUR

<u>APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS / INSTRUCTORS / COACHES EXPERTS / DOCTOR / NURSE, ETC. SESSION 2025-26</u>

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. (If applied for more than one post)

1. POST APPLIED		SUBJEC (In <u>case</u> of							
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2. Candidate's Nam	ie (in capital i	etters) (Pleas	se keep one b	oox blank betwee	en First name,	Middle r	name & Last	name)	
3. Father's /Husbar	nd's Name (in	capital lette	ers)	Fath	er		П	Iusband	
(Please keep one box blank l	Detween First name, 1	middle name &	Last name)						
4. Date of Birth:	DAY	MONTH		YEAR			Sender use Tick)	М	F
6. Age as on 31.03.2	025 Yea	ar	Mon	ath	Days				
7. Marital Status: 8. Category: S	C ST		овс	GEN			Please Photo	e affix one graph <u>without at</u>	
9. Address (in capita	als letters)								
Name :									
Father/Husband's Na	me:								
Address :									
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City/Town :		Р	rIN				≜ Sion	ature of Can	didate
Ph/Mobile No. : 1.							151511	arare or ear	didate
Email Id :		_							
10. Academic Quali (Please give informa	,	_	_		f Mark sh	neets a	nd Certi	ficates)	
Name of Examination	Write name	Year of	AG	GREGATE M	ARKS	Su	bjects	Duration	Board/
(with complete name of course passed)	of Examination passed	passing	Max. Marks	Marks obtained	%age of marks	/Spec	ialization	of course (in months)	University
High School (Class X)									
Intermediate (Class XII)									

Note: Please provide information for the qualification completed by the last date for submission of application form only.

Graduation (Name of Course) Post Graduation (Name of Course) Others if any (Specify)

Name of Examination (with complete name of course passed)		Write name of Examination passed		Year of passing	ested copies of mark sheets & AGGREGRATE MARKS			Subjects	Duration		Board/
					Max. Marks	Marks obtained	%age of marks	/Specialization	of course (in months)		University
D.EL.ED /B (specify)	B.EL.ED										
3.ED											
BE/B.Tech(. ,										
MBBS Deg Diploma / I											
n Nursing CTET (Plea	se Tick)										
Part 1 / P	Part 2										
Other if any specify)	•										
2. Experi	ence (A	ttach	separat	te sheet, if	columns a	re insuffi	cient)	1	•		
Post Name		of Period of service		No. of co	No. of completed		Subjects ta	Scale of pay			
held Institut	ion	From	To	years & months		taught		and salary per month			
									per monen		
3. Are vo	u able t	o teac	ch throu	igh Englisi	h and Hin	di, both?					
3. Are you able to teach through English and Hindi, both? (Please mark ($$) tick in the appropriate box) For teaching post				g posts	YES		NO				
4. Do you have knowledge of computer application?					T/DG		N IO				
(Please mark ($$) tick in the appropriate						YES		NO			
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Name:

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