PM SHRI KENDRIYAVIDYALAYA, VIDISHA SESSION 2025-2026

	SESSION2025-2026					Reg.No		
POST AP	PLIED FOR	:	i					
NAME FATHER'S/HUSBAND'S NAME DATE OF BIRTH ADDRESS:			trtr					
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TELEPH(ONE/MOBILENO.	:						
E.MAIL.								
PANNO.		:						
CATEGO	RY SC/ST/OBC/GEN	_						
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2	BA/B.Com/B.Sc							
3	MA/M.Comm/ M.Sc							
4	B.Ed							
5	M.Ed							
6	JBT/D.ED/D.El.D Etc							
7	Professional/CTET							
	ment in Academic's and Co							
Activitie	s/Games/NCC/Scouts							
	PROFESSIONAL EXPERIENCE PERIOD SUB							
S.NO	NAME OF INSTITUTION		POST HELD	FROM	ТО	DURATION	SUBJECT & CLASS TAUGHT	
1								
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MY SUIT	ABILITY TO THE POST: (5	0 words)						
								
			<u>DECLAF</u>					
I In this a	pplication are true and co	h rrect to the	ere by solemn best of my kno	ly declare tl wledge and	hat the entri I will abide	es and information by the rules and i	on furnished above regulation of KVS.	
							(Sign with date)	
	nclosure:							
Docume 1.	nts Verified By:	2						
		4						

Note:- Please fill separate form for each post.