

पीएम श्री केन्द्रीय विद्यालय बगाफा, दक्षिण त्रिपुरा (त्रिपुरा)

APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHER FOR THE SESSION 2025-26

For Office Use Only: -

1. Post applied for with subject _____

2. Name :- _____

3. Father's / Husband's Name :- _____

4. Date of Birth :- _____

5. Address _____

PIN _____

Mobile no. _____ Alternate Mobile No.: _____

Email ID :- _____

6. Educational Qualification (Attach attested copies of Certificates) -

EXAMINATION (Please Specify)	YEAR	SUBJECTS	BOARD/ UNIVERSITY	MARKS OBTAINED	% OF MARKS
Sr. Sec. Or Equivalent					
Graduation Or Equivalent					
Post-Graduation or Equivalent					
B.Ed. Or Equivalent					
B. El Ed./ D. El. Ed. or Equivalent					
Any other (Please Specify)					

7. Whether CTET or Equivalent Qualified (YES / NO)

If Yes please mention Year: Roll No.:

**Paste your
recent
high
contrast
colour
photograp**

Signature

8. Experience in recognized school/ institution (Please attach self-attested copies of certificates) -

S.No.	Name of School / Institution	Post Held	Period of Service			Class & Subjects taught
			From	To	Length of Service	

9. Proficiency in teaching in Hindi and English (Yes/No): _____

10. Working Knowledge of computer application (Yes/No):Please Specify _____

11.Any Other Achievement (Please attach self-attested copies of certificates)

12. Please write short note on your suitability for the post applied for -

DECLARATION

I hereby solemnly affirm / declare that: -

1. I have understood that the interview is being conducted only for drawing a panel of teachers / experts whose services may be utilized by KV Bagafa as and when required in the session 2024-25.

Empaneled candidates do not form part of regular cadre of KVS and shall not have any claim whatsoever for regularization of service in KVS or preferential treatment in future Part-time/ Contractual/ Regular employment in KV Bagafa or Kendriya Vidyalaya Sangathan.

2. The entries made in this application are correct to the best of my knowledge and belief and I am liable to be disqualified if any information given is found to be incorrect or incomplete.

Date : _____

Place : _____

Signature:-

Name:-

For Office Use Only

I have checked all the photocopies attached to application form with original documents and the candidate has been found **Eligible/Not Eligible** for the post applied by him.

Date-

Checker's Sign. -----

Name: -----