PM SHRI KENDRIYA VIDYALAYA NO.2 RAIPUR

APPLICATION FORM FOR APPOINTMENT OF TEACHERS ON CONTRACT BASIS

Important notes:
1. All entries should be made in capital letters
2. One form should be used for one post.

Session: 2025-26

3. Enclose attested copies of testimonials with each form. (If applied for more than one post)

1.	POST APPLIED FOR
	(Please indicate whether
	PGT/TGT/PRT/MISC in the box)

SUBJECT APPLIED FOR (In case of PGT/TGT)

. Candidate's Name (in capit	al lett	ers) (P	lease k	eep on	e box	blan	k bet	ween	First	nam	e, Mi	ddle	name	e & La	ist na	me)				
3. Father's /Husband (Please keep one b			-			ddle n	Fath ame	_	t nan	ne)			H	Husba	ind						
4. Occupation of Spo	use wit	h Add	ress (i	fapplio	able)																
5. Date of Birth:]								 		6	. Ge	ndei	r	N	1		F	T
	D.	AY	_	N	IONTH				YEA	R			(I	Please	e Tick	()					
. EMAIL I.D.:																					
3. Age as on 31.03.20)25			Year			N	∕lonth	1			Days									
9. Candidate Address	(in cap	itals le	etters)																		
Name	:																				
Father/Husband's	s Name:															P	Please	affix (one red	cent	
Address	:																	hotog out att	raph testatio	<u>on</u>	
City/Town	:																				
Ph/Mobile No.	:														Γ						\neg
	1.																				
	2.					PIN									L						\Box

Signature of Candidate

10. Academic Qualification (Starting from High School level)

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

Name of Evamination	Write Name of Examination Passed	Year of Passing	AG	GREGATE MA	ARKS		Duration	
Name of Examination (with complete name of course passed)			Max Marks	Marks obtained	%age of marks	Subjects / Specialization	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)								

11.	Professional	Qualification	(Attach attested	copies of	f mark sheets	& certificates)
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Name of	Write name		AGO	GREGRATE MAR	KS		Duration	
Examination (with complete name of course passed	e of Examination	Year of passing	Max. Marks	Marks obtained	% age of marks	Subjects /Specialization	of course (in months)	Board/ University
D. Ed./D. El. Ec	ı.							
B. ED BE/B. Tech (CS)/MB Degree/Diploma ii Nursing								
CTET-I/II								
Other if any ((specify)-1								
Other if any (specify)-2								
12. Expe	rience (Attach separat	e sheet, if c	columns are		KV/OTH	ERS (TICK)		
Post held	Name of Institution		Terrod of Sc	SIVICE	No. of co			Class tauş
	u able to teach throug e mark $()$ tick in the ap				Y	ES	NO	
	have knowledge of coe mark $()$ tick in the ap			ning posts	Y	ES	NO	
			UND	ERTAKING				
attested co right to be	ertify that all the information of my testimonials called for interview/son verification.	in support o	f the entries	made above. I	also agree	that mere eligibi	lity does not	confer
Place								
Date	<u></u>							
					a :	re		

Name____