## KENDRIYA VIDYALAYA RAKSHA VIHAR KANPUR APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHER

2025-26

Important notes: 1. All entries should be made in capital letters

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

2. One form should be used for one post.

3.	Enclose atteste	d copies of	f testimonials	with each form.	(If applied	l for more than one)

	3. Enclose atte	sted cop	ies of test	imonials	with eacl	n form. (If a	applied for m	ore than o	
POST API	PLIED FOR			SU			PPLIED FOR ase of (PGT/TGT)		
2. Candidate's Na	<b>me</b> (in capital le	tters) (Plea	se keep one bo	x blank betwee	en First name,	Middle name & L	ast name)		
3. Father's /Husba				Fath	ner		Husband		
4. Date of Birth:	DAY	MONTH		YEAI	R	5. Gendo	I MII	F	
<b>6. Age</b> as on 24.03	162		Mon	th	Days				
7. Candidate Add	ress (in capitals	letters)					Please affix or Photogra		
Name :							Thotogre	·P··	
Father/Husband's N Address	ame:								
Address .									
City/Town :			PIN [						
Ph/Mobile No. : (Mandatory)		·							
8. Academic Qual (Please give inform							Signature of ertificates)	Candidate <sup>4</sup>	
Name of Examination	Write name of Examination	Year of		REGATE M.		Subjects /Specializatio	Duration n of course	Board/ University	
(with complete name of course passed)	passed	passing	Max. Marks	Marks obtained	%age of marks	Specializatio	(in months)	University	
High School (Class X)									
Intermediate (Class XII)									
Graduation (Name of Course)									

GRADUATION	SUBJECT -1			SUBJECT -2			SUBJECT -3		
(ONLY FOR TGT POST)									
	M.M.	Obtained	%age of Marks	M.M.	Obtained	%age of Marks	M.M.	Obtained	%age of Marks
1 YEAR									
2 YEAR									
3 YEAR									
TOTAL									

ame of Examinati	<u> </u>		(Attach attested copies of mark sheets   Year of   AGGREGRATE MARKS				Subjects	Duration	n Board/	
vith complete nam ourse passed)		mination sed	passing	Max. Marks	Marks obtained	%age of marks	/Specialization	of cours (in months)	se University	
TET (I to V)										
Qualified										
TET (VI to VII Dualified	(I)									
B.ED Theory										
BT/ Practical	1									
MBBS Degree	-i-1									
Diploma in Spec ducation	2181									
Counseling/Yog Other if any	ga									
specify)										
10. Experience	ce (Attach	n certifica	tes if expe	rience is i	n the reco	ognized S	chools) – prio	rity will	be given.	
Post Na	ame of	of Period of service		No. of		Class	Subjects tau	ght	Scale of pa	
held In	Institution	From	To	complete years & 1		taught			and salary per month	
11. Are you at			_	,			YES		NO	
(Please ma	ark (√) tic	k in the ap	propriate b	oox) For tea	aching po	sts	1123		NO	
<b>12.</b> Do you ha							YES		NO	
(Please ma	ark $()$ tic	k in the ap	propriate b	oox) For tea	aching po	sts				
			UND	DERTAK	ING					
			all the in	formation	given ab		ue and correct			
							ort of the entried iew/selection.			
-	_	-	mation is f	_				iviy canc	ndature may	
		•								
Place		<u></u>								
Date										
					Signa	iture				
					Conta	act No.				
					Nam	e				