



# PM SHRI KENDRIYA VIDYALAYA THRISSUR

REGISTRATION FORM FOR THE POST OF (PGT/TGT/PRT/OTHERS) \_\_\_\_\_

AFFIX PASSPORT  
SIZE  
PHOTOGRAPH

SUBJECT :

(PLEASE MAKE ALL ENTRIES IN CAPITAL LETTERS ONLY)

|              |                                                                                                     |                     |                     |                         |                        |                               |
|--------------|-----------------------------------------------------------------------------------------------------|---------------------|---------------------|-------------------------|------------------------|-------------------------------|
| <b>A</b>     | <b>PERSONAL DETAILS</b>                                                                             |                     |                     |                         |                        |                               |
| 1            | Name                                                                                                |                     |                     |                         |                        |                               |
| 2            | Current postal address with PIN Code                                                                |                     |                     |                         |                        |                               |
| 3            | Land line No & Mobile No                                                                            |                     |                     |                         |                        |                               |
| 4            | Email Id                                                                                            |                     |                     |                         |                        |                               |
| 5            | SC/ST/OBC/GEN                                                                                       |                     |                     |                         |                        |                               |
| 6            | Age & Date of Birth                                                                                 |                     |                     |                         |                        |                               |
| <b>B</b>     | <b>EDUCATIONAL QUALIFICATIONS ( Attach copies of certificates )</b>                                 |                     |                     |                         |                        |                               |
| <b>Sl No</b> | <b>Qualification</b>                                                                                | <b>Main Subject</b> | <b>Percentage</b>   | <b>Board/University</b> | <b>Year of passing</b> |                               |
| 1            | 10th SSLC/AISSE/OTHERS                                                                              |                     |                     |                         |                        |                               |
| 2            | 12 th PDC/AISSCE/OTHERS                                                                             |                     |                     |                         |                        |                               |
| 3            | B.A / B.Sc/B.Tech/Other Degree                                                                      |                     |                     |                         |                        |                               |
| 4            | M.A/M.Sc/M.Tech/Other PG                                                                            |                     |                     |                         |                        |                               |
| 5            | B.Ed /Other Professional Qualification                                                              |                     |                     |                         |                        |                               |
| 6            | CTET/NET /SET/KTET                                                                                  |                     |                     |                         |                        |                               |
| 7            | Any other                                                                                           |                     |                     |                         |                        |                               |
| <b>C</b>     | <b>COMPUTER PROFICIENCY ( Attach copies of certificates )</b>                                       |                     |                     |                         |                        |                               |
| <b>Sl No</b> | <b>Course</b>                                                                                       | <b>Duration</b>     | <b>Conducted by</b> |                         |                        |                               |
| 1            |                                                                                                     |                     |                     |                         |                        |                               |
| 2            |                                                                                                     |                     |                     |                         |                        |                               |
| <b>D</b>     | <b>TEACHING EXPERIENCE ( Attach copies of experience certificates )</b>                             |                     |                     |                         |                        |                               |
| <b>SINo</b>  | <b>Name of the institution</b>                                                                      | <b>Period</b>       |                     | <b>Classes taught</b>   | <b>Subjects taught</b> | <b>No.of completed months</b> |
|              |                                                                                                     | <b>From</b>         | <b>To</b>           |                         |                        |                               |
| 1            |                                                                                                     |                     |                     |                         |                        |                               |
| 2            |                                                                                                     |                     |                     |                         |                        |                               |
| 3            |                                                                                                     |                     |                     |                         |                        |                               |
| 4            |                                                                                                     |                     |                     |                         |                        |                               |
| 5            |                                                                                                     |                     |                     |                         |                        |                               |
| 6            |                                                                                                     |                     |                     |                         |                        |                               |
| 7            |                                                                                                     |                     |                     |                         |                        |                               |
| <b>F</b>     | <b>ANY OTHER INFORMATION YOU WOULD LIKE TO FURNISH</b>                                              |                     |                     |                         |                        |                               |
|              |                                                                                                     |                     |                     |                         |                        |                               |
| <b>G</b>     | <b>WOULD YOU LIKE TO BE CONSIDERED FOR ANY OTHER POST(Seperate form to be filled)</b>               | <b>YES/NO</b>       | <b>POST :</b>       |                         |                        |                               |
| <b>H</b>     | <b>Narrate the suitability of your candidature for the post sought for (Use the space overleaf)</b> |                     |                     |                         |                        |                               |

Signature of the verifying officer

Signature of candidate with date