KENDRIYA VIDYALAYA NU LUMAMI
REGISTRATION/APPLICATION FORM

Important notes: 1. All entries should be made in capital letters
2. One form should be used for one post.
3. Enclose attested copies of testimonials with each form separately. (If applied for more than one post

1. **POST APPLIED FOR**
(Please indicate whether PGT/TGT/PRT/Computer Instructor/Doctor/ Nurse/ Yoga Instructor/Counsellor/Sports Coach/Special Educator/Others in the box below)

SUBJECT APPLIED FOR
(In case of PGT/TGT)

2. Candidate's Name (in capital letters) (Please keep one box blank between First name, Middle name & Last name)

3. Father's /Husband's Name (in capital letters) Husband Father

(Please keep one box blank between First name, middle name & Last name)

4. Date of Birth:

5. Gender (Please Tick) M F

6. Age as on 01.03.2026 Year Month Days

7. Mobile No (Mobile No should be Active) -

8. Whatsapp No (if any)

9. Email –id -

Please affix one recent Photograph without attestation

10. Candidate Address (in capitals letters)

Name :
Father/Husband's
Name: Address

City/Town :
Ph/Mobile No. :

PIN

Signature of Candidate

11. Academic Qualification (Starting from High School level)
(Please give information as applicable. (Attach self-attested copies of Mark sheets and Certificates)

Name of Examination (with complete name of course passed)	Write name of Examination passed	Year of passing	AGGREGATE MARKS			Main Subjects / Specialization	Duration of course (in months)	Board/ University
			Max. Marks	Marks obtained	%age of marks			
High School (Class X)								
Intermediate (Class XII)								
Graduation (Name of Course)								
Post-Graduation (Name of Course)								
Others if any (Specific)								

12. Professional Qualification (Attach attested copies of mark sheets & certificates)

Name of Examination (with complete name of course passed)	Write name of Examination passed	Year of passing	AGGREGRATE MARKS			Main Subjects /Specialization	Duration of course (in years)	Board/ University
			Max. Marks	Marks obtained	%age of marks			
JBT/B.El.ED/D.ED(specify)								
B.ED								
MBBS/Degree/Diploma in Nursing								
Other if any(specify)								

13. Experience (Attach separate sheet, if columns are insufficient)

Post held	**Name of Institution**	**Period of service**		**No. of completed years & months**	**Class taught**	**Subjects taught**	**Scale of pay and salary per month**
		From	To				

14. Are you able to teach through English and Hindi, both? YES/NO

15. Do you have knowledge of computer application? YES/NO

16. Is any relative/blood relation serving in KVS? :.....

If Yes: Name of relative/ blood relation serving in KVS: .....

Designation:..... Name of KV/Office:.....

UNDERTAKING

I hereby certify that all the information given above is true and correct to the best of my knowledge. I have self-attached attested copies of my testimonials in support of the entries made above. I also agree that mere eligibility does not confer right to be called for interview/selection. My candidature may be cancelled in case any information is found to be incorrect on verification.

Place_____ Signature_____

Date_____ Name of candidate_____

(For Office Use Only)

As per KVS norms found Eligible / Not Eligible

Remarks:

Name & Designation of the Checker – Signature of the Checker: