

Interview Sl. No.



पीएम श्री कें द्रीय विद्यालय नं 2 मदुरै 625005 PM  
SHRI KENDRIYA VIDYALAYA NO.2  
MADURAI

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**Contractual Interview Form for the Session 2026-27**

➤ **Applied for the post of** \_\_\_\_\_

|                                    |    |    |
|------------------------------------|----|----|
| 1. Name (In Block letters)         |    |    |
| 2. Father's/Husband Name           |    |    |
| 3. Gender                          |    |    |
| 4. Date of Birth (DD/MM/YYYY)      |    |    |
| 5. Religion                        |    |    |
| 6. Category (GEN/OBC/SC/ST)        |    |    |
| 7. DISABILITY, if any (PH/OH/VH)   |    |    |
| 8. Correspondence Address with PIN |    |    |
| 9. Permanent Address with PIN      |    |    |
| 10.Contact No.                     | 1. | 2. |
| 11.Email Id                        |    |    |

**1. Educational Qualification**

| Sl | Exam Passed                                | Board/University | Year of Passing | Course Duration in months | % Of Marks | Subjects | Remarks |
|----|--------------------------------------------|------------------|-----------------|---------------------------|------------|----------|---------|
| 1  | 10 <sup>th</sup>                           |                  |                 |                           |            |          |         |
| 2  | 12 <sup>th</sup>                           |                  |                 |                           |            |          |         |
| 3  | Graduation (B.A. /B. Com./B.Sc./Equivalent |                  |                 |                           |            |          |         |
| 4  | Post-Graduation                            |                  |                 |                           |            |          |         |
| 5  | Any Other                                  |                  |                 |                           |            |          |         |
| 6  | Any Other                                  |                  |                 |                           |            |          |         |

## 2. Professional Qualification

| Sl | Name of Diploma/ Degree | Board/ University/ Institution | Course Duration in months | Year of Passing | Remarks |
|----|-------------------------|--------------------------------|---------------------------|-----------------|---------|
| 1  |                         |                                |                           |                 |         |
| 2  |                         |                                |                           |                 |         |
| 3  |                         |                                |                           |                 |         |

## 14 Teaching Experience, if any

| Sl | Post held | Name of Institute | From | To | Duration in months | Salary |
|----|-----------|-------------------|------|----|--------------------|--------|
| 1  |           |                   |      |    |                    |        |
| 2  |           |                   |      |    |                    |        |
| 3  |           |                   |      |    |                    |        |
| 4  |           |                   |      |    |                    |        |

| 15. Whether CTET qualified (YES/NO) | CTET Roll No | Paper I | Paper II |
|-------------------------------------|--------------|---------|----------|
|                                     |              |         |          |

16. Computer Knowledge/Proficiency: (YES/NO) : \_\_\_\_\_

17. Remarks, if any: \_\_\_\_\_

I have gone through eligibility criteria for various post as publish in the website.

I declare that the above information is true to the best of my knowledge and if found wrong my candidature will be cancelled and any action taken by the Vidyalaya is acceptable to me.

Date:

Place:

Signature of the Candidate

## OFFICE USE ONLY

Registration No.:

Qualified/Not Qualified:

Documents Checked and found correct/Incorrect. Candidate is eligible/Not eligible for Interview.

Remarks:

Name & Sign. of Verifier