

# PM SHRI KENDRIYA VIDYALAYA KHONSA

## APPLICATION FORM FOR ENGAGEMENT OF TEACHERS, COACHES, EXPERTS, NURSE ETC. ON PART TIME CONTRACTUAL BASIS FOR THE SESSION 2026-27

- 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 certificates & testimonials with each form. (If applied for more than one post)

|                                                                                                         |                             |
|---------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>1. POST APPLIED FOR:</b><br>(Please indicate whether PGT/TGT/PRT/Staff Nurse, Music etc. in the box) | <b>SUBJECT APPLIED FOR:</b> |
|                                                                                                         |                             |

2. Candidate's name (Please leave one box blank between First, Middle and Last name).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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3. Father's name/Husband's name. Father  Husband   
 (Please leave one box blank between First, Middle and Last name).

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4. Date of Birth. (dd/mm/yy)  5. Gender M F  
 (Please tick)

6. Age as on 15.03.2026.  Years  Months  Days

7. Candidate's Address :-

|                       |  |
|-----------------------|--|
| Name                  |  |
| Father/Husband's Name |  |
| Address including PIN |  |
| City/Town             |  |
| Ph/Mob No             |  |
| E. mail id            |  |

Please affix self attested  
passport size recent colour  
photographs

8. Academic qualification (starting from High School level)  
 (Please give information as applicable. (Attach self-attested copies of certificates and testimonials).

| Name of Examination (With complete name of course passed) | Write name of Examination passed | Year of passing | Aggregate Marks |                |               | 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 (Please specify)                           |                                  |                 |                 |                |               |                          |                                |                   |

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

| Name of Examination<br>(With complete name<br>of course passed) | Write<br>name of<br>Examina-<br>tion<br>passed | Year of<br>passing | Aggregate Marks |                   |                  | Subjects/<br>Specializati<br>on | Duration<br>of<br>course<br>(in<br>months) | Board/<br>University |
|-----------------------------------------------------------------|------------------------------------------------|--------------------|-----------------|-------------------|------------------|---------------------------------|--------------------------------------------|----------------------|
|                                                                 |                                                |                    | Max.<br>marks   | Marks<br>obtained | %age of<br>marks |                                 |                                            |                      |
| JBT/B.E.Ed)<br>(Please specify)                                 |                                                |                    |                 |                   |                  |                                 |                                            |                      |
| B.Ed.                                                           | (Theory)                                       |                    |                 |                   |                  |                                 |                                            |                      |
|                                                                 | (Practical)                                    |                    |                 |                   |                  |                                 |                                            |                      |
| BE/B.Tech. (CS)                                                 |                                                |                    |                 |                   |                  |                                 |                                            |                      |
| Other, if any (Please<br>specify)                               |                                                |                    |                 |                   |                  |                                 |                                            |                      |

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

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

11. Are you able to teach through English and Hindi, both ?  
(Please tick mark in the appropriate box) for teaching posts.
- YES ☐ NO ☐
12. Do you have knowledge of computer application ?  
(Please tick mark in the appropriate box) for teaching posts.
- YES ☐ NO ☐

**UNDERTAKING**

I, hereby certify that all the information given above is true and correct to the best of my knowledge . I have attached attested copies of my certificates and 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 : .....

Notes of the documents verifying Committee :- 1.

2.

3.