



Session-2025-26
PM SHRI KENDRIYA VIDYALAYA BHIND
BIO DATA FORM FOR THE TEACHERS ON CONTRACTUAL BASIS
(Separate forms to be submitted for each post)
A-BIODATA



Post applied for:-

1. Name of the Candidate

2. Father's Name/Husband's Name

3. Complete Address

4. Contact No./Mob. No. Email Id

5. Date of Birth:-

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Category (tick mark the appropriate box):-

GEN	SC	ST	OBC
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7. Particulars of all Examination/ Degree passed. (attach copies of all certificates)

S.N.	Name of Examination	Board / University	Subjects Offered	Max. Marks	Marks Obtained	%age
1	X					
2	XII					
3	Graduation BA/ B.Sc./ B.Com					
4	Post-Graduation					
5	J.B.T./ B.Ed./ M.Ed.					
6	Any Other Qualification					

8. CTET Qualified (tick mark the appropriate box):- YES NO.....

9. Teaching experience (Certificate is invalid without the countersignature of competent authority)

Name of the School	Post Held	Period of service			Class and Subjects Taught
		From	To	Years/Month	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Special Achievement in Co-curricular Activities such as Games/ Sports/ NCC/ NSS etc. (if any)

I hereby certify that all the information given above is true and correct to best of my knowledge. I have attached self-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.

Date:

Place:

Candidate Signature

For Office use Only

Checked by: [Name of the teacher with designation]

Entry made by: [Name of the teacher with designation]