

## KENDRIYA VIDYALAYA GOMTINAGAR, LUCKNOW

APPLICATION FORM FOR PART TIME CONTRACTUAL STAFF

## **SESSION 2025-26**

Important note:

- 1. All entries should be made in capital letters
- 2. One form should be used for one post.
- 3. It is mandatory to fill online application form.

4. Enclose attested copies of testimonials with each form. (If applied for more than one post)

| 1.  | POS   | T AP   | PLIE  |      |         |            | <del>, , , , , , , , , , , , , , , , , , , </del> | <u> </u> | 01 000  | , |        |        | 2011 10 | (       | шрр           | 100110  | 1 11101 |        | - 0110 <u> </u> |     |
|---|---|--------|-------|------|---------|------------|---|----------|---------|---|--------|--------|---------|---------|---------------|---------|---------|--------|-----------------|-----|
|   |   |        |       |      |         |            |   |          |         |   |        |        |         |         |               |         |         |        |                 |     |
|   |   |        |       |      |         |            |   |          |         |   |        |        |         |         |               |         |         |        |                 |     |
| 2.  | Can   | didat  | e's N | lame | e (in o | capita     | al lett   | ters)    | (Please | e keep                                  | one bo | x blan | k betw  | een Fir | st nan        | ne, Mic | ddle na | me & I | ast na          | me) |
|   |   |        |       |      |         |            |   |          |         |   |        |        |         |         |               |         |         |        |                 |     |
| 3.  | Father's /Husband's Name (in capital letters) (Please keep one box blank between First name, middle name & Last name)  Father |        |       |      |         |            |   |          |         | Husband                                 |        |        |         |         |               |         |         |        |                 |     |
|   |   |        |       |      |         |            |   |          |         |   |        |        |         |         |               |         |         |        |                 |     |
| 4.  | Date  | e of E | Birth |      |         |            |   |          |         |   |        |        |         |         | ende<br>ase T | _       | M       |        | F               |     |
| 6.  | <b>Age</b> as on 31.03.25   |        |       |      |         | Month Days |   |          |         |   |        |        |         |         |               |         |         |        |                 |     |
| 7.  |   | dida   | te A  | ddre | ss (in  | capi       | tal le  | tters    | )       |   |        |        |         |         |               |         |         |        |                 |     |
| Na  |   |        |       | _    |         | :          |   |          |         |   |        |        |         |         |               |         |         |        |                 |     |
| Father's / Husband Name<br>Address City/ Town |   |        |       |      |         |            |   |          |         | Please affix one recent<br>Photograph   |        |        |         |         |               |         |         |        |                 |     |
| Mo  | bile l  | No.    | , 10. |      |         | :          |   |          |         |   |        |        |         |         |               |         |         | Pho    | tograp          | oh  |
| Em  | ail Id  |        |       |      |         | :          |   |          |         |   |        |        |         |         |               |         |         |        |                 |     |

## **8. ACADEMIC QUALIFICATION:**

(Please give information as applicable. (Attach attested copies of Mark sheets and Certificates)

| Name of  | Write name            |                    | AGG          | REGATE MA         | RKS           |                              | Duration                    |                       |
|--|-----------------------|--------------------|--------------|-------------------|---------------|------------------------------|-----------------------------|-----------------------|
| Examination<br>(with complete<br>name of course<br>passed) | of Examination Passed | Year of<br>Passing | Max<br>Marks | Marks<br>Obtained | % of<br>Marks | Subjects /<br>Specialization | of course<br>(in<br>months) | Board/<br>University) |
| High School (Class   |                       |                    |              |                   |               |                              |                             |                       |
| X)   |                       |                    |              |                   |               |                              |                             |                       |
| Intermediate   |                       |                    |              |                   |               |                              |                             |                       |
| (Class XII)  |                       |                    |              |                   |               |                              |                             |                       |
| Graduation   |                       |                    |              |                   |               |                              |                             |                       |
| (Name of Course)   |                       |                    |              |                   |               |                              |                             |                       |
| Post Graduation  |                       |                    |              |                   |               |                              |                             |                       |
| (Name of Course)   |                       |                    |              |                   |               |                              |                             |                       |
| Others if any  |                       |                    |              |                   |               |                              |                             |                       |
| (Specify)  |                       |                    |              |                   |               |                              |                             |                       |

| 9. | <b>Professional</b> ( | <b>Dualification</b> | (Attach attested c | opies of Mark sheet | ts and Certificates) |
|----|-----------------------|----------------------|--------------------|---------------------|----------------------|
|----|-----------------------|----------------------|--------------------|---------------------|----------------------|

| Name of<br>Examination (with<br>complete name of<br>course passed) |                                 | Write name                            | 9                                     | AGC                            | GREGATI                      | E MARKS                                |                              | Duration                    |                         |  |
|--|---------------------------------|---------------------------------------|---------------------------------------|--------------------------------|------------------------------|--|------------------------------|-----------------------------|-------------------------|--|
|  |                                 | of<br>Examination<br>Passed           | Year of<br>Passing                    | Max Mar<br>Marks Obtain        |                              |  | Subjects /<br>Specialization | of course<br>(in<br>months) | Board/<br>University)   |  |
| BT/B.EI.I<br>specify)  | ED                              |                                       |                                       |                                |                              |  |                              |                             |                         |  |
| s.Ed -   | Theory                          |                                       |                                       |                                |                              |  |                              |                             |                         |  |
| ,.Eu   | Practical                       |                                       |                                       |                                |                              |  |                              |                             |                         |  |
| TET  |                                 |                                       |                                       |                                |                              |  |                              |                             |                         |  |
| other if a<br>specify)   | ny                              |                                       |                                       |                                |                              |  |                              |                             |                         |  |
| <b>10.</b> 1   | Experie                         | nce (Attach                           | separate s                            | heet, if c                     | olumn                        | s are insuffic                         | cient)                       |                             |                         |  |
| Post   | hold                            | Name of                               | Period                                | of service                     |                              | Name of completed                      | Class                        | Subject                     | Scale of pay and        |  |
|  |                                 | Institute                             | From                                  | Т                              | 0                            | years &<br>months                      | taught                       | taught                      | salary pe<br>month      |  |
|  |                                 |                                       |                                       |                                |                              |  |                              |                             |                         |  |
|  |                                 |                                       |                                       |                                |                              |  |                              |                             |                         |  |
|  |                                 |                                       |                                       |                                |                              |  |                              |                             |                         |  |
|  |                                 |                                       |                                       |                                |                              |  |                              |                             |                         |  |
|  | •                               |                                       | _                                     | _                              |                              | Hindi, both<br>x) For teach            |                              | Yes                         | NO                      |  |
| 1  | •                               | nave knowl                            |                                       |                                |                              |  | mg poots                     | I                           |                         |  |
| 12.  | (Please 1                       | mark ( $$ ) tic                       | ck in the a                           | ppropri                        | ate bo                       | x) For teach                           | ning posts<br>e about it in  | Yes                         | NO                      |  |
|  | wny ao<br>words:                | you preier                            | to work ii                            | i this of                      | gamza                        | ation; write                           | e about it in s              | 50                          |                         |  |
|  |                                 |                                       |                                       |                                |                              |  |                              |                             |                         |  |
|  |                                 |                                       |                                       |                                |                              |  |                              |                             |                         |  |
|  |                                 |                                       |                                       |                                |                              |  |                              |                             |                         |  |
|  |                                 |                                       |                                       |                                |                              |  |                              |                             |                         |  |
|  |                                 |                                       |                                       | U                              | NDER                         | ΓAKING                                 |                              |                             |                         |  |
|  | -                               | -                                     |                                       | nforma                         | tion gi                      |  | is true and co               |                             |                         |  |
| knowl  | edge. I l                       | nave attach                           | ned atteste                           | nforma<br>ed copie             | tion gi<br>es of m           | ven above iny testimon                 | ials in suppo                | ort of the e                | ntries mad              |  |
| knowl<br>above.<br>intervi   | edge. I l<br>I also<br>lew/sele | nave attach<br>o agree                | ned atteste<br>that mer<br>candidatur | nforma<br>ed copie<br>e eligil | tion gi<br>es of m<br>pility | ven above i<br>ny testimon<br>does not |                              | ort of the e<br>ht to be    | ntries mad<br>called fo |  |
| knowle<br>above.<br>intervi  | edge. I l<br>I also<br>lew/sele | nave attach<br>o agree<br>ction. My o | ned atteste<br>that mer<br>candidatur | nforma<br>ed copie<br>e eligil | tion gi<br>es of m<br>pility | ven above i<br>ny testimon<br>does not | ials in suppo<br>confer rig  | ort of the e<br>ht to be    | ntries mad<br>called fo |  |

Office use only:

Signature of Teacher I/C:\_\_\_\_\_\_ Name of Teacher I/C:\_\_\_\_\_\_

Name

Contact No.