PM SHRI KENDRIYA VIDYALAYA CHIKKAMAGALURU

FORM NO:

APPLICATION FORM FOR APPOINTMENT OF PGT/TGT/PRT/COMPUTER INSTRUCTOR/YOGA INSTRUCTOR / DOCTOR /NURSE /COUNSELOR/SPECIAL EDUCATOR ON CONTRACT BASIS. (2025-26)

Importa	ant notes:		2. On	e forn	n shou	ıld be	made in used for soft testing the soft testing testing testing the soft testing testi	or one	e post.		each f	orm. (If ap	plie	d fo	r mo	re th	an oi	ne po	ost)			
1.	POST (Please Yoga In the box)	indic struc	ate wh	nether	PGT/	rgt/Pi	RT/Com tor/Nur	nputer se/ Co	Instruc	ctor/ or in					(Ir	cas	EC e of			LIF	D F	OR	
2. Candida	te's Name	(in ca	nital l	etters)	(Pleas	e keen	one ho	x hlank	c hetwe	en F	 irst na	ıme M	iddle	nan	ne &		name	١)					
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8. Academic Qualification (Starting from High School level)

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

Name of Examination	Write name	·	AGG	REGATE MAI	RKS		Duration	
(with complete name of course passed)	of Examination passed	Year of passing	Max. Marks	Marks obtained	%age of marks	Subjects / Specializatio n	of course (in months)	Board/ University
High School (Class X)								
Intermediate (Class XII)								
Graduation (Name of Course)								
Post Graduation (Name of Course)								
Others if any (Specify)								

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

Nameo	f Examination	Write name		AGG	REGRATE MA	ARKS		Duration	
(with co	omplete name urse passed)	of Examination passed	Year of passing	Max. Marks	Marks obtained	%age of marks	Subjects /Specialization	of course (in months)	Board/ University
JBT/D.ED/ (specify)									
B.ED	Theory								
B.ED	Practical								
Degree	B.Tech(CS)/ MBBS e/Diploma in Nursing								
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	(S	pecity)											
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	(5)	pecify)											
10. Exp	erien	ce (Attach sepa	arate sheet, if colu	mns are insuffic	cient)						1		
	Post held			Period of		No. of complete							
			Name of	From To		years & months		ıs	taught		ts taught		
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			ough English and the appropriate b		posts				YES	S		NO	
12 Dox	ou bo	vo knovilodgo	of computer appli	action?							4		
(Ple	ease m	nark (√) tick in	the appropriate b	ox) For teaching	gposts				YES	S		NO	
				UN	DERTAKIN	G							
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Place													
Date									Signa	uture			
									Name	<u> </u>			
								Co	ontact	No			
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To be filled by Vidyalaya

Documents Verified by	:	
Teacher's Name	:	
Designation	:	
Signature	:	