## PM SHRI KENDRIYA VIDYALAYA NO2 ORDNANCE FACTORY DEHUROAD PUNE

## APPLICATION FORM FOR CONTRACTUAL

## PGT/TGT/PRT/MARATHI/DOCTOR/NURSE/YOGA TEACHER/

COMPUTER INSTRUCTOR/Vocational Trainer(AI)/EDUCATIONAL COUNSELLOR/SPECIAL EDUCATOR/SPORTS COACH/ Craft Instructor

| SESSION: 2025-26  |  |  |  |  |
|---|--|--|--|--|
| Click here -Google form link-                                       | Affix passport size photo                            |  |  |  |
| https://forms.gle/bs6qHuS6qqhnx6539                                 |  |  |  |  |
| Important Note:   |  |  |  |  |
| 1. All entries should be made in capital letters.                   |  |  |  |  |
| 2. One form should be used for one post.                            |  |  |  |  |
| 3. Enclose attested Xerox copies of testimonials with each          |  |  |  |  |
| Application Form.   | POST APPLIED FOR                                     |  |  |  |
| 1.  | (Please indicate whether                             |  |  |  |
|   | PGT/TGT/PRT/Computer<br>Instructor/Marathi/Yoga      |  |  |  |
|   | Teacher/Doctor/Nurse/Educational                     |  |  |  |
|   | Counsellor/Special                                   |  |  |  |
|   | Educator/Sports Coach                                |  |  |  |
| 2. Candidate's Name (in capital letters) (Please keep one box blank | Are you applying for any other post?                 |  |  |  |
| between First Name, Middle Name & Last Name)                        | If so, write the name of the post (with subject)     |  |  |  |
|   | <b>3</b> /   |  |  |  |
|   |  |  |  |  |
|   | YY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1               |  |  |  |
|   | Have you been qualified in CTET (Central Eligibility |  |  |  |
| 3. Father's/Husband's Name: Father Husband                          | Test)? If so, Year of Passing.                       |  |  |  |
|   | YES NO   |  |  |  |
|   | Year of Passing:                                     |  |  |  |
|   | _  |  |  |  |
| 4. Date of Birth: Age as on 31-03-2025                              |  |  |  |  |
| DAY MONTH YEAR YEAR MONTH DAYS                                      |  |  |  |  |
|   | GEN  |  |  |  |
| <del>                                     </del>                    | ST   |  |  |  |
|   | SC   |  |  |  |
| 5. Gender 6. Caste  | OBC  |  |  |  |

- 7. Aadhar Card No.
  - 8. PAN:
- 9. Academic Qualifications (Starting from High School Level) (Please give information as applicable. (Attach attested copies of Marks Sheets & Certificates)

| Name of<br>Exam<br>(with<br>complete<br>name of | Write<br>name<br>of<br>Exam<br>passe | Year<br>of<br>Passin<br>g | Max | Marks Obtaine | %  | Subjects/Specializat ion | Medium<br>of<br>Instructi<br>on | Duratio<br>n of<br>Course<br>(in<br>months | Board/Univers |
|---|--------------------------------------|---------------------------|-----|---------------|----|--------------------------|---------------------------------|--|---------------|
| course  | 1,                                   | passe g                   | . d | d             | /0 |                          | on                              | months                                     |               |
| passed)   | u.                                   |                           |     |               |    |                          |                                 | ,  |               |

| High   |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
|--|---------------|----------|--------------|------|--------|------------------|------|--------------------|--------------------|-------|----------------|----------------------|
| School<br>(Class X   | 2             |          |              |      |        |                  |      |                    |                    |       |                |                      |
| Intermed   | ,             |          |              |      |        | 1                |      |                    |                    |       |                |                      |
| e  |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
| (Class X   |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
| Graduat  | ion           |          |              |      |        |                  |      |                    |                    |       |                |                      |
| (Name o  | of            |          |              |      |        |                  |      |                    |                    |       |                |                      |
| Course)  |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
| Post-<br>Graduat   | ion           |          |              |      |        |                  |      |                    |                    |       |                |                      |
| (Name o  |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
| Course)  |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
| Others,  | if            |          |              |      |        |                  |      |                    |                    |       |                |                      |
| any<br>(Specify  |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
| (Specify   | fessional     | Onal     | ificatio     | ne   |        |                  |      |                    |                    |       |                |                      |
| 10.110   | 1033101141    | Nam      |              | 113  | Aggres | gate Marks       |      |                    |                    | Dur   | atio           |                      |
| Name of  | **            | e of     | Year         |      | 88 - 8 |                  |      |                    | Mediur             |       |                |                      |
| (with con  |               | Exa<br>m | of<br>passin | Max  | .Mar   | Marks<br>obtaine | %    | Subjects/Specializ | zat of<br>Instruct | i Cou | rse            | Board/Univers<br>ity |
| passed)  | 000100        | passe    | g            | ks   |        | d                | 70   | 1011               | on                 | Mor   | nths           | 11.9                 |
| D E 1 /II  | 0.T/D F1.F    | d        |              |      |        |                  |      |                    |                    | )     |                |                      |
| d./  | BT/B.El.E     |          |              |      |        |                  |      |                    |                    |       |                |                      |
| (Specify   | ·)            |          |              |      |        |                  |      |                    |                    |       |                |                      |
|  | Theory        |          |              |      |        |                  |      |                    |                    |       |                |                      |
| B.Ed.  | Practical     |          |              |      |        |                  |      |                    |                    |       |                |                      |
| BE/B Te  | ech           |          |              |      |        |                  |      |                    |                    |       |                |                      |
| (CS)/MI  |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
| Degree/l<br>in Nursi   | Diploma<br>ng |          |              |      |        |                  |      |                    |                    |       |                |                      |
| Others is  |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
| (Specify   |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
|  |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
| 11. Exp  | erience (     | Attac    | h sepa       | rate | sheet, | if colu          | ımns | are insufficie     | ent)               |       |                |                      |
| Post   | Name of       |          | Period o     | f    | No.    |                  |      | Class(es)Taug      |                    |       |                | ale of               |
| held   | Institution   | <b>—</b> | Service      |      |        | pleted years     |      |                    | taught             |       | Pay/Salary per |                      |
|  |               |          | From         | То   | & m    | onths            |      |                    |                    |       | mo             | onth                 |
|  |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
|  |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
|  |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
|  |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
|  |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
| 12. Are you able to teach in English or Hindi or both? English |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
|  |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
| 13. Do you have knowledge of computer applications?            |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
| Both   |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
| 14 Ada   | dress for     | Comi     | nunica       | tion |        |                  |      | Ye                 | S                  |       |                |                      |
| 14. Address for Communication Yes No                           |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
| Name:  |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
|  |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
|  |               | 4.       |              |      |        |                  |      |                    |                    |       |                |                      |
| Father's/Husband's   |               |          |              |      |        |                  |      |                    |                    |       |                |                      |
| Name   | <u> </u>      |          |              |      |        |                  |      |                    |                    |       |                |                      |
|  |               |          |              |      |        |                  |      |                    |                    |       |                |                      |

| House/Flat/Door                     |              |                          |                      |
|-------------------------------------|--------------|--------------------------|----------------------|
| No                                  |              |                          |                      |
| Street:                             | Location:    |                          |                      |
| Area:                               |              |                          |                      |
| Area: City/Town:                    | PIN:         | District:                |                      |
| State:                              |              |                          |                      |
| Candidate's WhatsApp No.1:          |              | Contact                  |                      |
| No.2:                               |              |                          |                      |
| Candidate's Email                   |              |                          |                      |
| ID:                                 |              |                          |                      |
|                                     |              |                          |                      |
|                                     | UNDERTA      |                          |                      |
| I hereby certify that all the infor |              |                          |                      |
| knowledge. I have attached atteste  |              |                          |                      |
| made above. I also agree that       |              | <u> </u>                 |                      |
| interview/selection. My candidate   |              | elled in case any inform | ation is found to be |
| incorrect on verification at any po | int of time. |                          |                      |
| Date:                               |              |                          | Signature            |