## PM SHRI KENDRIYA VIDYALAYA NO 3 VRDE, AHMEDNAGAR

 $\frac{APPLICATION FORM FOR PART TIME \ CONTRACTUAL \ TEACHERS/\ INSTRUCTORS/\ COACHES}{EXPERTS/\ NURSE, ETC.\ (2025-2026)}$ 

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 testimonials with each form. (If applied for more than one)

2. Candidate's Name (in capital letters) (Please keep one box blank between First name, Middle name & Last name)  3. Father's /Husband's Name (in capital letters) (Please keep one box blank between First name, middle name & Last name)  4. Date of Birth:  DAY MONTH YEAR  6. Age as on 31.03.2025 Year Month Days  7. Candidate Address (in capitals letters)  Name : Father/Husband's Name:	
3. Father's /Husband's Name (in capital letters) (Please keep one box blank between First name, middle name & Last name)  4. Date of Birth:  DAY  MONTH  YEAR  6. Age as on 31.03.2025  Year  Month  Days  Please affix one Photograph without atters  Photograph without atters  Photograph without atters  Photograph without atters  A strange of the properties of the propertie	
4. Date of Birth:  DAY  MONTH  YEAR  6. Age as on 31.03.2025  Year  Month  Days  7. Candidate Address (in capitals letters)  Name  Please affix one Photograph without atters.	
4. Date of Birth:  DAY  MONTH  YEAR  7. Candidate Address (in capitals letters)  Name  S. Gender (Please Tick)  M  Please affix one Photograph without atters.	
4. Date of Birth:  DAY  MONTH  YEAR  6. Age as on 31.03.2025  Year  Month  Days  7. Candidate Address (in capitals letters)  Name  :  Please affix one Photograph without attered by the properties of the propert	
4. Date of Birth:  DAY  MONTH  YEAR  6. Age as on 31.03.2025  Year  Month  Days  Please affix one Photograph without atters  Photograph without atters	1
Name : Photograph without atte	F
Father/Hushand's Name:	station
i attiet/i idspatid 5 Natifie.	
Address : : : : : : : : : : : : : : : : : :	
City/Town : PIN	
Ph/Mobile No. :  E-mail ID :  Signature of Ca	ndidata 1
8. Academic Qualification (Starting from High School level)  (Please give information as applicable. (Attach attested copies of Mark sheets and Certificates)  Write name  AGGREGATE MARKS	nuluate

Name of Examination (with complete name of course passed)	Write name of Examination passed	Year of passing	AGGF	REGATE M.	ARKS	Subjects /Specializationn	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 (Specify)								

Name of Examination (with complete name of course passed)		*-		acii attes		EGRATE M			Duration	n	
				Year of passing	Max. Marks Marks obtained		%age of marks	Subjects /Specialization	of course (in months)	University	
CTET (I to 'Qualified											
CTET (VI to Qualified	o VIII)										
B.ED The	eory										
/JBT/	ctical										
MBBS Degr											
/Diploma in / Counseling											
Other if any (specify)											
	rion as (A	440 olo		tog if ovm	niones is i	n the rese	amizad C	chools) – prio		ho givon	
	`					I		, <u>*</u>			
Post held	Name of Institution		From	of service To	No. of completed		Class taught	Subjects taught		Scale of pay and salary	
				10	years &	months				per month	
11	1-1 - 4		-l. 4l	l. II1!-1.	J TT: J	L 1 - 41-9					
·					and Hind te box) Fo	,	g posts	YES	N	10	
		` '					O <b>1</b>				
					pplication te box) Fo		g posts	YES		1O	
(= = = = = = = = = = = = = = = = = = =	· · · · · · · · · · · · · · · · · · ·	. ')		·FF	,		9 F	<b>'</b>			
I hamahy	aantifu tl	sat al	ll tha infa		ERTAK		and saum	at to the boot	of my ly	novelodao I	
								ect to the best ries made abo			
mere eliş	gibility d	oes 1	not confe	r right to	be called	d for inte	erview/se	lection. My ca			
cancelled	i in case a	ıny 11	niormatio	n is found	d to be inc	orrect on	verincat	10n.			
Place			-			Signatu	ıre				
Date			-			Name_					
						Mobile 1	No				
						E-mail:					