## PM SHRI KENDRIYA VIDYALAYA JHALAWAR

APPLICATION FORM FOR APPOINTMENT OF TEACHERS ON COTRACT BASIS

1. All entries should be made in capital letters Important notes: **Session: 2025-26** 2. One form should be used for one post. 3. Enclose attested copies of testimonials with each form. (If applied for more than one post) 1. POST APPLIED FOR SUBJECT APPLIED FOR (Please indicate whether PGT/TGT/PRT in the box) (In case of PGT/TGT) 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) Father Husband (Please keep one box blank between First name, middle name & Last name) 4. Occupation of Spouse with Address (if applicable) 5. Date of Birth: 6. Gender F Μ (Please Tick) DAY MONTH YEAR 7. Age as on 31.03.2025 Year Month Days 8. Candidate Address (in capitals letters) Name Father/Husband's Name: Address Please affix one recent Photograph without attestation City/Town PIN

Signature of Candidate

## 9. Academic Qualification (Starting from High School level)

1. 2.

Ph/Mobile No.

Please give information as	applicable. (Atta	ch attested o	copies of M	ark sheets an	id Certifica	ates)		
Name of Examination (with complete name of course passed)	Write Name of Examination Passed	Year of Passing	AGGREGATE MARKS				Duration	
			Max. Marks	Marks obtained	%age of marks	Subjects / Specialization	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)								

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

13. Do you have knowledge of computer application?

(Please mark ( $\sqrt{}$ ) tick in the appropriate box) For teaching posts

Name of	Write name		AGGREGRATE MARKS				Duration	
Examination (with complete name of course passed)	of Examination passed	Year of passing	Max. Marks	Marks obtained	%age of marks	Subjects /Specialization	of course (in months)	Board/ University
D. Ed./B. El. Ed.								
B. ED								
BE/B. Tech (CS)/ MBBS Degree/Diploma in Nursing								
Other if any (specify)								

Post held Name of Institution	Name of	Period of service	No. of completed	Class taught	
			years & months		

## **UNDERTAKING**

NO

YES

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

Place	
Date	
	Signature
Contact No	Name