KENDRIYA VIDYALAYA PARBHANI

APPLICATION FORM FOR APPOINTMENT OF TEACHERS ON CONTRACT BASIS

SESSION: 2025-26 IMPORTANTS NOTES: 1.ALL ENTRIES SHOULD BE MADE IN CAPITAL LETTERS 2.ONE FORM JSHOULD BE USED FOR ONE POST. 3.ENCLOSE ATTESTED COPIES OF TESTIMONIALS WITH EACH FORM. (If applied for more than one post) **SUBJECT APPLIED FOR POST APPLIED FOR** 1 2 Candidate's Name (in capital letters) (Please keep one box blank between First name, Middle name & Last name) Father Husband Father's / Husband's Name (in capital letter) 3 (Please keep one box blank between First name, middle name & Last Name) Occupation of Spouse with Address (if applicable): Date Of Birth 6 Gender (Please Tick) Age as on 31.03.2025 6 Month Days 7 Candidate Address (in capital letter) Name Father/Husband's Name: Please affix one recent Address photograph City/Town (Without attestation) Ph/Mobile No. Email Id PIN Signature of Canditate 8 **Academic Qualification (Starting from High School Level)** Please give information as applicable (Attach attested copies of Mark sheets and Certificates)

Name of			Aggregate Marks				Duration of	
Examination(with complete name of course passed)	Write Name of Examination Passed	Year Of Passing	Max. Marks	Marks Obtained	% age of marks	Subject/ Specialization	Course (in Months)	Board/ University
High School(Class X)								
Intermediate (Class XII)								
Graduation (Name Of Course)								
Post Graduation (Name Of Course)								
Other If Any (Specify)								

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	Examination(with complete name of course passed)	Write Name of Examination Passed	Year Of Passing	Max. Marks	Marks Obtained	% age of marks	Subject/ Specialization	Duration of Course (in Months)	Board/ University
	D.Ed/ B.El.Ed								
	B.ED								
	BE/ B.B.Tech (CS)/ MBBS Degree/ Diploma in								
	Other If Any (Specify)								
	Experience (Attach s	separate sheet.if	columns a	re insuffici	ent)				
	Post Held		Name of Institution		Period of service		No of Completed	Classes	s Taught
				From	Т	0	Years & Months		
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	Are you able to tea d Please mark (tick I th						YES	NO	
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	Do you hae knowled Please mark (tick I th						YES	NO	
	riease mark (tick i ti	ie appropriate be	ox) For teac	illig posts			ļ	J L	
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		port of the entri	es made ab	ove. I also	agree that r	nere eligik	ility does not confe		ed attested copies of lled for interview / se
	Place :			Date :					
	Name of Candidate	!				Cont	act No.:		

Verified by (Name & Sign) : 1