# PM SHRI KENDRIYA VIDYALAYA ISA MOUNT ABU

#### APPLICATION FORM FOR PART TIME / CONTRACTUAL TEACHERS 2025-26

#### Important notes: 1. All entries should be in block 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)

| 1.                       | POST APPLIED FOR<br>(Please indicate PGT/TGT/PRT/Balvatika-III<br>teacher/Doctor/Nurse/Academic Counsellor/Music<br>Teacher /Special Educator / YogaTeacher/ Dance<br>Teacher/Computer Instructo in the box) |      |        |       |        |          |          |        | SUBJECT APPLIED FOR<br>(In case of PGT/TGT) |         |         |        |           |                          |         | CTET(Yes/No)<br>(In case of<br>PRT/TGT) |                   |         |    |
|--------------------------|--|------|--------|-------|--------|----------|----------|--------|---|---------|---------|--------|-----------|--------------------------|---------|---|-------------------|---------|----|
| 2. Candi                 | date's N   | ame  | (in ca | pital | letter | S) (Plea | ase keep | one bo | ⊐<br>x blank l                              | between | First n | ame, M | iddle nar | ne & La                  | st name | e)                                      |                   |         |    |
| 3. Father<br>(Please kee | r's /Husl<br>p one box bla   |      |        |       |        |          |          | me)    |   | Fathe   | r       |        |           |                          | Hus     | band                                    |                   |         |    |
| 4. Date o                | f Birth:   |      |        |       |        |          |          |        |   |         |         |        |           | e <b>nder</b><br>se Tick |         | Μ                                       |                   | F       |    |
| 6. Age as                |  |      |        |       | Year   |          |          | Мо     | nth   |         |         | Days   |           | ]                        |         |   |                   |         |    |
| 7. Candi                 | date's C   | orre | spond  |       | Add    | ress     |          |        |   |         |         |        |           | 7                        | Г       |   |                   |         |    |
|                          |  |      |        |       |        |          |          |        |   |         |         |        |           |                          |         | Please<br>Photog                        | e affix o<br>raph | ne rece | nt |
|                          |  |      |        |       |        |          |          |        |   |         |         |        |           |                          |         |   |                   |         |    |

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

Signature of Candidate

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

| Name of   | Write name                   | Board/     | Year              | Duration                 | Subjects /     | AGG           | REGATE M          | ARKS                 |         |
|---|------------------------------|------------|-------------------|--------------------------|----------------|---------------|-------------------|----------------------|---------|
| Examination<br>(with complete name<br>of course passed) | of<br>Examinatio<br>n passed | University | of<br>passin<br>g | of course<br>(in months) | Specialization | Max.<br>Marks | Marks<br>obtained | % age<br>of<br>marks | Remarks |
| High School (Class X)                                   |                              |            |                   |                          |                |               |                   |                      |         |
| Intermediate (Class<br>XII)                             |                              |            |                   |                          |                |               |                   |                      |         |
| Graduation<br>(Name of Course)                          |                              |            |                   |                          |                |               |                   |                      |         |
| Post-Graduation<br>(Name of Course)                     |                              |            |                   |                          |                |               |                   |                      |         |

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

| Name of<br>Examination<br>(with complete<br>name of course<br>passed) |           | Write name                  |                      |                       |                             | Duration                    | AGGR          |                   |                     |         |
|---|-----------|-----------------------------|----------------------|-----------------------|-----------------------------|-----------------------------|---------------|-------------------|---------------------|---------|
|   |           | of<br>Examination<br>passed | Board/<br>University | Year<br>of<br>passing | Subjects<br>/Specialization | of course<br>(in<br>months) | Max.<br>Marks | Marks<br>obtained | %age<br>of<br>marks | Remarks |
| CTET  |           |                             |                      |                       |                             |                             |               |                   |                     |         |
| JBT/B.E. ED   |           |                             |                      |                       |                             |                             |               |                   |                     |         |
| (specif   | y)        |                             |                      |                       |                             |                             |               |                   |                     |         |
| B. ED   | Theory    |                             |                      |                       |                             |                             |               |                   |                     |         |
| D. ED   | Practical |                             |                      |                       |                             |                             |               |                   |                     |         |
| BE/B.   | Tech.     |                             |                      |                       |                             |                             |               |                   |                     |         |
| Other i<br>(specif  | •         |                             |                      |                       |                             |                             |               |                   |                     |         |

### 10. Experience (Attach separate sheet, if columns are insufficient)

|      | Name of     | Period o | f service | No. of<br>completed | Class  |                 | Scale of pay and |         |
|------|-------------|----------|-----------|---------------------|--------|-----------------|------------------|---------|
| Post | Institution | From     | То        | Years/mon<br>ths    | taught | Subjects taught | salary per month | Remarks |
|      |             |          |           |                     |        |                 |                  |         |
|      |             |          |           |                     |        |                 |                  |         |
|      |             |          |           |                     |        |                 |                  |         |
|      |             |          |           |                     |        |                 |                  |         |

#### 11. for teaching posts: -

a. Are you able to teach in English and Hindi medium? (Please mark  $\sqrt{\text{tick}}$  in the appropriate box)

b. Do you have knowledge of computer applications? (Please mark  $\sqrt{\text{tick}}$  in the appropriate box)

| YES |  | NO |  |
|-----|--|----|--|
| YES |  | NO |  |

## UNDERTAKING

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.

Date: -

Place: -

Signature: -

Name: -

**Contact No.**