## PM SHRI KENDRIYA VIDYALAYA No. 01 AFS SURATAGRH

(APPLICATION FORM FOR PART-TIME CONTRACTUAL TEACHER FOR SESSION 2025-26)

#### Walk-In Interview...... 2025

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2. Father's/Husband's Name (in capital letters) Father   (Please mark (\') tick in the appropriate box)     3.(a) Gender:   (Male/Female)   4. Date of Birth: (DD/MM/YYYY)     5. Candidate Address (in capital letters)     Name   Father /Husband   Name   Address     Pin Code:     Makila, Na     Makila, Na     Makila, Na	1. Candidate's N	lame (	(in ca	apital	letters	s) (ple	ase k	keep o	one bo	ox blan	k betv	veen	name	e, mi	ddle	name	∋&s	sur nar	ne)					
2. (Please mark (\/) tick in the appropriate box)  3. (a) Gender:(Male/Female)  4. Date of Birth: (DD/MM/YYYY)  5. Candidate Address (in capital letters)  Name : Father /Husband Name : Address : Pin Code: Pin																								
3.(a) Gender:	2. Father's/Hu	sband	's N	ame (i	n cap	ital le	etters	s)			Fat	her					Н	lusba	ind					
4. Date of Birth: (DD/MM/YYYY)   Fandidate Address (in capital letters)   Name   Father /Husband   Name   Address   Image: Imag	(Please mark ( $\sqrt{2}$	tick in th	ne app	oropriate	box)																			
4. Date of Birth: (DD/MM/YYYY)   Fandidate Address (in capital letters)   Name   Father /Husband   Name   Address   Image: Imag																								
4. Date of Birth: (DD/MM/YYYY)   Fandidate Address (in capital letters)   Name   Father /Husband   Name   Address   Image: Imag	3.(a) Gender	: _					<u>(</u> N	/lale/l	Fema	ale)														
Mobile No. :	5. Candidate Name Father /Husband Name Address	Addre	ess	(in ca								-						Ρ					ıt	
Mobile No(2)       :		•																Sig	gnatu	ire of	f can	idida	te	

(Please give information as applicable.Attach separate sheet if columns are insufficient.)

Name of	Please write,	Year of	AGG	REGATE MA	RKS	Subjects	Board/		
Examination(write complete name of course passed)	name of Examination Passed	Passing	Max. Marks	Marks Obtained	%age of marks	offered	University		
Senior Secondary (Class – XII)									
Graduation (Name of course)									
Post-Graduation (Name of course)									
Other if any, (Specify)									

#### 7. Professional Qualification

Name of Examination	Please write,			AGGREGATEN	IARKS			
(write complete name of course passed)	name of Examination Passed	Year of Passing	Max. Marks	Marks Obtained	%age of marks	Subject Offered	Board/ University	
JBT/B.EI.Ed./CT etc.(Specify)								
B.Ed./B.Ped								
M.Ed/Ph.D /M.Phil/MPed								
Others if any (Specify)								
8. Experienc	e (if. anv)							

	Name of Institution/	Private / Govt.	Perio	d of Service	No. of Completed years &		Remarks,	
Post Held	Department/ Ministry		From	То	years & months	Nature of Duties	ifany	
<b>^</b>		1.0			A.	- /N I - \		

#### 9. Are you computer literate?

(Yes/No)

10. Are you able to teach through English and Hindi, both (Please mark ( $\sqrt{}$ ) tick in the appropriate box)

HINDI ONLY ENGLISH ONLY

B

Both Hindi and English

### DECLARATION TO BE SIGNED BY THE CANDIDATE

I hereby certify and declare that:

- (i) I am an Indian National.
- (ii) All statements made and information given by me in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information or part of it being found false or incorrect before or after the exam./interview or after Part –Time contractual appointment, action can be taken against me by the KVS/ Vidyalaya and my candidature/appointment (contractual) shall automatically stand cancelled.
- (iii) I further declare that I have read the WLAK-IN-INTERVIEW NOTICE available on <u>https://no1suratgarhafs.kvs.ac.in</u> & I fulfill all the conditions of eligibility regarding age(below 65 years), educational, professional/technical qualifications, etc. prescribed for the post applied for as on 31-03-2025. The essential qualifications prescribed are possessed by me, the proof of which have been enclosed.
- (iv) I have no claim for regular appointment as well as reservation for SC/ST/OBC/Minority etc. in KVS as this advertisement is only for this Vidyalaya temporarily arrangement and part-time contractual basis.

PLACE:	
DATE:	

Signature:	
U	

Name

# For office use Contact No.\_\_\_\_\_ Name and designation Signature Form checked and Image: Contact No.\_\_\_\_\_ Original documents verified by : Image: Contact No.\_\_\_\_\_