

PM SHRI KENDRIYA VIDYALAYA SAHARSA, BIHAR
APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS/INSTRUCTORS/COACHES
EXPERTS/DOCTOR/NURSE, ETC. (2025-26)

- Important notes:** 1. All entries should be made in capital letters.
 2. e-Mail Id and WhatsApp number is mandatory.
 3. Enclose attested copies of testimonials with form.
 4. No TA/DA will be given for Interview/Written Test.

1. a) POST APPLIED FOR (Please indicate whether PGT/TGT/PRT/Special Education Teacher/Computer Instructor/ Games Coach/Dance Coach/ Craft Coach/ Yoga Teacher/ Counselor/ Doctor / Nurse in the box) _____ →	b) SUBJECT APPLIED FOR (Please Tick ✓) <hr/> (In case of PGT) Biology / Sociology / Computer Sc. (In case of TGT) Science / English / Hindi / Maths
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2. Candidate's Name (in capital letters) (Please keep one box blank between First name, Middle name & Last name)

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3. Father's /Husband's Name (in capital letters) Father Husband
 (Please keep one box blank between First name, middle name & Last name)

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4. Date of Birth:

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5. Gender (Please Tick)

DAY MONTH YEAR

6. Age as on 31.03.2025

7. Marital Status: Married / Unmarried / _____ (other)
If Married, Occupation of Spouse : _____
 Number and Age of Kids : _____

Please affix one recent
 Photograph without attestation

8. Candidate Address (in capitals letters)

Name	:						
Father/Husband's Name:	:						
Address	:						
City/Town	:	PIN	:	<table border="1" style="display: inline-table; width: 60px; height: 20px;"></table>			
Ph/Mobile No.	:	WhatsApp No.	:				
e-Mail Id	:						

Signature of Candidate [↑]

9. Academic Qualification (Starting from High School level)
 (Please give information as applicable. (Attach Self attested copies of Mark sheets and Certificates))

Name of Examination (with complete name of course passed)	Board / University	Year of passing	AGGREGATE MARKS			Subjects /Specialization	Duration of course (in months)
			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)							

10. Professional Qualification (Attach Self Attested copies of mark sheets & certificates)

Name of Examination (with complete name of course passed)	Write name of Examination passed	Year of passing	AGGREGATE MARKS			Subjects /Specialization	Duration of course, (in months)	Board/ University
			Max. Marks	Marks obtained	%age of marks			
JBT/B.El.Ed/D.El.Ed/ BTC/ (specify)								
B.Ed	Theory							
	Practical							
BE/B.Tech(CS)/M BBS Degree/Diploma in Nursing								
Other if any (specify)								
CTET (If applicable)		GIVE DETAILS (CTET LEVEL) : PRIMARY: <input type="checkbox"/> YEAR : _____ MARKS % : _____ SECONDARY: <input type="checkbox"/> YEAR : _____ MARKS % : _____						
CERTIFICATE IN GUIDANCE & COUNSELLING (If applicable)		GIVE DETAILS: DEGREE / DIPLOMA: _____ NAME OF INSTITUTE: _____ YEAR : _____ MARKS % : _____						

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

Post held	Name of Institution	Board	Period of service		No. of completed years & months	Classes taught	Subjects taught	Scale of pay and salary per month
			From	To				

12. Are you able to teach through English and Hindi, both?

(Please mark (√) tick in the appropriate box) For teaching posts

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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13. Do you have knowledge of computer application?

(Please mark (√) tick in the appropriate box) For teaching posts

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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14. Any other field / Co-Scholastic Area in which you can contribute: _____

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.

Place _____

Signature _____

Date _____

Name _____

Mobile No. _____