

## PM SHRI KENDRIYA VIDYALAYA BARPETA



## APPLICATION FORM

| Name of the Post Applied for:-         |   |                           |               |                   |   |              |
|--|---|---------------------------|---------------|-------------------|---|--------------|
| 1. Name of the Candidate:              |   |                           |               |                   |   |              |
| 2. Father's name/ Husband's Name :     |   |                           |               |                   |   |              |
| 3. Address for Communication/Contact : |   |                           |               |                   |   |              |
|  |   |                           |               |                   |   |              |
| 4. Contac                              | ct No. – Mobile No.                       | .1:                       | . Mobile 2    | 2 •               |   |              |
| 5. Date of                             |   | •••••                     |               |                   | 1).                                     |              |
|  |   |                           |               | HAR NO            |   |              |
|  | tional Qualification                      |                           | , ,, ti ti ti |                   |   | •••          |
|  | am Passed                                 | Board/University          | Year Subjects |                   | rts                                     | % of Marks   |
| High school                            |   | Board, Chrycistry         | 1 Cui         | Subje             | Cts                                     | /0 01 Warks  |
| Intermed                               | liate/ 10+2                               |                           |               |                   |   |              |
| BA/B.Cor                               | m/B.Sc                                    |                           |               |                   |   |              |
| MA/M.Co                                | -   |                           |               |                   |   |              |
| B.Ed/M.E                               | -   |                           |               |                   |   |              |
|  | Tech/BE/B.Tech                            |                           |               |                   |   |              |
| Diploma                                |   |                           |               |                   |   |              |
| Any other Qualifications               |   |                           |               |                   |   |              |
| 8. Professional Qualifications:        |   |                           |               |                   |   |              |
| 0.11016                                | ssional Quanticat                         | 10113.                    |               |                   |   |              |
| Course                                 |   | Board/University          | Year          | Subjects          |   | % of Marks   |
|  |   |                           |               |                   |   |              |
|  |   |                           |               |                   |   |              |
| 9. Teach                               | ning Experience if                        | fany:                     |               |                   |   |              |
|  |   |                           |               |                   |   |              |
| S.No                                   | Organization                              |                           | Post held     |                   | Period To                               |              |
| 1.                                     |   |                           |               |                   | Tion                                    | 10           |
| 2.                                     |   |                           |               |                   |   |              |
| 3.                                     |   |                           |               |                   |   |              |
| 4.                                     |   |                           |               |                   |   |              |
| 5.                                     |   |                           |               |                   |   |              |
| 10 Hobb                                | vias ·                                    |                           |               |                   |   |              |
| 10.11000                               | лся                                       |                           |               |                   | • |              |
|  |   | ake to state that the abo |               |                   |   | •            |
| •                                      | rledge and if anyth<br>d with immediate e | ing is found wrong at a   | ny point o    | of time my candia | lature may be                           | e treated as |
| cancene                                | a wiin immediate e                        | gjeci.                    |               |                   |   |              |
| <b>Date:</b> 04/03/2025                |   |                           |               | _                 | e of the App                            | licant       |
|  |   |                           |               | Name :<br>Contact | No.                                     |              |
| Verified                               | by:-                                      |                           |               | Contact           | 140:                                    |              |
|  | (1)                                       |                           |               |                   |   |              |