पीएम श्री केंद्रीय विद्यालय, आईएनएस वालसुरा (जामनगर)

PMSHRI KV INS VALSURA, JAMNAGAR

संविदा विक्षक साक्षात्कार के वलए आेदन 2026-27 / APPLICATION FOR CONTRACTUAL TEACHERS INTERVIEW 2026-27

S. No.	*Particulars*		
1.	***Application for the post of (with subject)***		PHOTO
2.	अभ्यर्थी का नाम */ Name with Surname*		
3.	वपता का नाम / *Father's Name*		
4.	माता का नाम/ *Mother's Name*		
5.	पवत का नाम / *Name of Spouse*		
6.	जन्म वतर्थी / *Date of Birth*		
7.	स्थानीय पता/ *Local Address*		
8.	ई-मेल */ E-mail:*		
9.	दूरभाष/ *Phone / Mobile No(s)*		

10.	िैवक्षक योग्यता / *Educational Qualifications*				
	परीक्षा उत्तीर्ण / Exam Passed	उत्तीर्ण होने का िर्ष/ *Yearof Passing*	विषय */ Subjects*	प्राप्ांक % of marks	बोर्ण/ यूवनिर्सटी *Board / University*
	XII				
	B.A. / B.Com/B.Sc / BCA / B. E / AnyOther ……				
	M.A. / M.Com/M.Sc / /MCA / M.E /Any Other ……				
	Any other :				

11.	*व्यावसायिक योग्यता / Professional Qualifications*				
	परीक्षा उत्तीर्ण / Exam Passed	पाररत होने का िर्ष/ *Yearof Passing*	विषय */ Subjects*	प्राप्ांक % of marks	बोर्ण/ यूवनिर्सटी *Board / University*
	PTC / D.Ed. / B.T. / L.T./				
	B. Ed / M. Ed				
	CTET / TET				

	Any other :				

12	विक्षर् अनुभि / *Teaching Experience:*					
	S. No.	***Name of Employer / Organization***	***From***	***To***	***Total Experience***	
					Year (s)	***Month (s)***

13. Are you able to teach through English and Hindi both? (Yes / No) : ……..

14. Do you have knowledge of computer application? (Yes / No) : ……..

15. Any other Achievement: _____

16. **Preferences for your work:** ***(Please tick ✓)***

Name of KV	First	Second	Third
PMSHRI KV INS Valsura			

UNDERTAKING

I hereby certify that all the information given above is true and correct to the best of my knowledge. I have attached self-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 found to beincorrect on verification or later change.

Place: **Signature :**

Date: **Name:**

Contact No.:

……

जाचकताण के हस्ताक्षर / Checked By : .....

नाम एि पद / Name & Post : .....