

PM SHRI KENDRIYA VIDYALAYA NO1 ANGUL
WALK – IN – INTERVIEW FOR THE SESSION 2025-26

BIODATA

1	POST		Affix here one Recent passport Size photograph.			
2	Name					
3	Father's / Husband's Name					
4	Date of Birth					
5	Complete present Address for communication					
6	Email ID					
7	Personal Mobile No.					
8	Mobile No. of Father/Mother/Sister/Brother or Relative.					
9	Whether SC/ST/OBC/Gen					
10	Educational Qualification					
	Exam Passed (10th onwards)	Board / University	Educational Institution	Year of passing	Subjects	% marks with division
	HSC / Matric					
	+2 / Intermediate					
	+3 / Graduation					
	P. G.					
	B.Ed. / CT / JBT					
	Any other					
11. Professional Experience						
Name of the Institution		Duration			Length of service	
		From	To			

Certified that the information furnished above are true to the best of my knowledge and belief.

Date: _____

Signature of the Candidate

PART – A
FOR OFFICE USE ONLY

SLNO.	QUALIFICATION	TICK YES/NO	REMARKS
1	B.Ed.	YES/NO	
2	DIET/ B. El. Ed	YES/NO	
3	SHIKSHYA SHASTRI /PARANGAT/BHed. / PRAVEEN	YES/NO	
4	BPEd./ MPed.	YES/NO	
5	B.Ed. (Special Education)	YES/NO	
6	CTET	YES/NO	
7	B. Tech (Comp. Sc./I.T.)/MCA/ BCA with PG/ DOEACC- 'B LEVEL'- PGT CS	YES/NO	
8	B.Sc. with PGDCA/ BCA- Computer Instructor	YES/NO	
9	BFA	YES/NO	
10	SANGEET VISHARAD/ SANGEET PRABHAKAR/ NIRTYA BHUSHAN/ NITYA VISHARAD	YES/NO	
11	PG Dip. in Guidance & Counseling	YES/NO	
12	GNM/ B.Sc. (Nursing)	YES/NO	
13	MSc. Yoga/ Diploma in Yoga	YES/NO	

NAME OF THE VERIFIER_____

SIGN.

PART – B

1. Eligible / Not eligible
(Please tick in red ink only & strike off which is not applicable)

2. Reason of Non-eligibility

a.

b.

c.

d.

e.

Sign of Co-verifier

Sign of Verifier

Name:

Name:

Designation:

Designation:

Mob. No.:

Mob. No.: