KENDRIYA VIDYALAYA, NO.2 BALASORE APPLICATION FORM FOR THE TEACHERS ON CONTRACTUAL BASIS-2025-26

For Office Use Only

Important Notes:

- (i) All entries should be made in **Capital letters** only.
- (ii) One form should be used for one post.
- (iii) Enclose self attested copies of testimonials with each form.

(If applied for more than one post)

Paste recent
passport size
photograph

1	Post Applied For (Please						
	Specify):						
2	Candidate's Name :						
3	Father's / Husband's Name						
4	Date of Birth						
5	Gender (Male/Female)						
6	Age(As on 31.03.2025)	Year		Month		Days	
7	7 Candidates Corresponding Address (In Capital Letters)						
N	Name						
Fat	ather/Husband's Name						
Cit	ty/Town/Village						
Vi	/ia/SPO/PS						
Di	District & State						
Mo	obile Number						
E-r	E-mail address						
8 Academic Qualification(Stating from High school Level)							

8.Academic Qualification(Stating from High school Level)

Name of Examination	Year of Passing	,	AGGREGATE	MARKS	Subjects/	Duration of course	Board / University	
Examination	rassing	Max. Marks	Marks Obtained	% age of marks	Specialization	(in Months)	Offiversity	Offiversity
High School (Class X)								
Intermediate								
(Class XII) Graduation								
Post Graduation (Name of Course)								

Name of Examination(complete nar course Passed	me of d)	Write name of Examinati on Passed	Year ofPassin g	Max.	Marks Obtain	m	of narks	Subjects/ Specializati on	Duratio n of course (in Months	Board / University
B.Ed										
M.Ed.										
B.E/B.Tech(Connection of the connection of the c	in vel.									
OTHERS IF an (Specify)	У									
If yes	, attacl	T. /Any other certificate.	·			•		? (Yes/No).	d Subia	ect and
Post neid	Institu		Recogniz		Period of Service			Years and month		
					From	То				
·	Ple	to teach thro ease mark (√)in knowledge of	the appro	priate k	oox.(For te	aching	posts (only)		
·	Ple	ase mark (√)in	the approp	priate b	<u>-</u>			only)		
best of my ki also agree th	nowledg nat my e	ge and belief. I	have atta not confer	ched at right to	iven by me tested cop o be called	ies of n	appliony tes	stimonial in sup	port of the	plete and correct e entries made ab ere may be cance
Place:					Signa	ature:_				
Date:					Nam	e:				
CHECKER SIG										

9. Professional Qualifications: