PMSHRI KENDRIYA VIDYALAYA No 1 BARIPADA LAXMIPOSI

(APPLICATION FORM FOR CONTRACTUAL TEACHER FOR SESSION 2025-26)

Candidate's Name (in	capital lette	rs) (please	keep one b	ox blank betw	een name	, mido	dle name	e & sui	nan	ne)				
Father's/Husband's	Name (in ca	oital letter	s)	Fath	er			Hus	sbar	nd				
(Please mark ($$) tick in the ap	opropriate box)													
a) Gender:			Male/Fem	ale)										
Date of Birth:										Γ	Plea	se af	fix o	ne
Candidate Addres	s (in capital	letters)						,			recei Phot	nt		
Name	<u> </u>											- 31		
Father /Husband Name	:													
Address	:													
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7. Pi	rofessional												
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(write complete name of course passed)		name of Examination Passed		assing	Max. Marks		arks ained		%age of marks		Subject Offered		University
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B.Ed	d./B.Ped												
M.Ed/Ph.C) /M.Phil/MPed												
	ers if any pecify)												
8. I	Experience	i (if. anv)										
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Post Held	Post Held Name of Ins Department/				From		To		_ Completed years & months		Nature of Duties		Remarks, if any
9. A	re you compu	uter literat	e?				<u> </u>			(Yes/N	lo)		
10.	Are you able to Please mark					oth				`	,		
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	DECLAR		ATION TO BE SIGNED BY THE						SANDT	DATE			
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	andidature/a										n https:/	//harina	ada.kvs.ac.in &
fulfill	all the co	onditions	of elig	ibility	regardin	ng ag	e(below	/ 56 y	ears)	, educa	ational,	profe	ssional/technic
	ifications, etc sessed by me							03-2024	1 .The	essent	ial qualif	ication	s prescribed a
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(v) PLACE :			-										
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					For offi	ICE 1157	a	(Conta	ict No.			
				Nam		ice ust	<u> </u>				Sign	ature	
Form ch	necked by:												

Original documents verified by: