

PM SHRI Kendriya Vidyalaya NSG MANESAR -122051

**Application form for engagement of part time/Contractual teachers on contract basis for the
session 2026-27**

Application Form /Bio - Data

Post applied for _____

Passport Size
Photo to be
pasted

1. Candidate Name (Capital Letter) _____
2. Date of Birth _____
3. Father's/ Husband Name (Capital Letter) _____
4. Mobile No. : - 1. _____ 2. _____
5. Email-id _____
6. Correspondence address

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.....
.....

7. Permanent address

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.....
.....

8. Academic Qualification _____

9. A. Academic Record :(attach all supporting documents regarding academic and professional qualification)

Name of Exam/Degree/Diploma	Name of board/Uni.	Year of passing	Max Marks	Subjects offered	Marks obtained	% age of marks	Remarks any
Class XII							
Arts/Sc. Bio/Sc.Math /Commerce(Tick any one)							
Graduation(Tick any one) B.Sc. bio/B.Sc.Math/BA /B.Com/B.tech/Other.....							
Post Graduate(Tick any one) M.Sc./MA/M.Com/Other							
B.Ed.							
Diploma in Education (Name.....)							

B. Experience of teaching.

Institution	Post	Duration		Experience		Pay	Remarks
		From	To	Years	Months		

C. Candidate applying for TGT must give following details.

Post applied for	Name of Degree (Graduation)	I st year		II nd year		III rd year		Total Max. Marks of all three years	Total Marks obtained in all three yrs.	Percentage graduation (including all subjects and all years)
		Optional Subject Studied	% age of marks	Optional Subject Studied	% age of marks	Optional Subject Studied	% age of marks			

10. Whether CTET qualified _____ YES/NO.

11. If yes mention CTET Primary level or sec. level.....

12. Are you able to teach in English Medium..... YES/NO.

UNDERTAKING

I hereby certify that all the information given above is true and correct to the best of my knowledge. I have attached 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 is found to be incorrect on verification.

Place.....

.....

Date

Signature

Name

Contact no.

For KV purpose:

Checked By:

1. Sign.....

Name Designation.....

2. Sign.....

Name Designation.....
