## PM SHRI KENDRIYA VIDYALAYA No. 3/2

## **Bhopal**

APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS SESSION 2024-25 PGT/TGT/PRIMARY TEACHER/ BALVATIKA TEACHER/COMPUTER-INSTRUCTOR/MUSIC COACH/DANCE COACH /SPECIAL EDUCATOR/ ART & CRAFT COACH/SPORTS COACH/YOGA INSTRUCTOR/DOCTOR/ NURSE(FEMALE ONLY)

Important Notes:- 1: All Entries should be made 2: One form should be used fo				FFIX ONE ENT
SUBJECT APPLIED FOR (IN CASE OF PGT/TGT)  2: CANDIDATE'S NAME (IN CA	. <b>PITAL LETTERS)</b> (Please keep one	e blank between First, Middle	WITH ATTEST (SIGNATURE O	HOUT FATION
3: FATHER'S NAME /HUSBANI	D NAME (in Capital Letters)	FATHER:	HUSBAND:	
4: DATE OF BIRTH:  5: GENDER:  MALE	D M M Y  FEMALE	Y Y Y 5: (A) CATEGORY	(GEN / SC /ST/ OBC)	
6: AGE AS ON: 31/03/2024	Years Months	Days		
7: CANDIDATE ADDRESS WITH	1 CONTACT NO:			
EMAIL ID:		<b>PAN NO</b> (Ei	nclose copy of PAN )Card):	
Aadhar Card No. (Enclose c	opy of Aadhar)			
Mobile No.(Please mention	ı at least 02 numbers)			

8: Academic Qualification (Starting from High School level):

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Pleace give information as an	miicanie i Atta	ch self-attested copies of Mark sheets and Certificates)

Name Of Examination (With Complete Name Of Course Passed)	Write Name Of Examination Passed.	Year Of Passing	Max. Mark	Marks	% Of Marks	Subject/ Specialization	Duration Of Course In Month	Board/ University
High School(Class X)								
Intermediate (Class XII)								
Graduation (Name Of Course)								
Post- Graduation (Name Of Course)								
Other's If Any (Specify)								

9: Professional Qualification (Attach attested copies of mark sheets and Certificates:

Name Of Examination (With Complete Name Of Course Passed)	Year Of Passing	Max. Marks	Marks	% Of Marks	Subject/ Specialization	Duration Of Course In Month	Board/ University
CTET (I To V) Qualified							
CTET (VI To VIII) Qualified							
B.Ed. (Theory)							
B.Ed. (Practical)							
BE/B.Tech(CS)/ MBBS Degree/ Diploma in Nursing/Counseling/ Yoga/Special Educator							
Others -If Any (Specify)							

10: Experience in Similar post only- with Minimum completed 6 months in an academic year

(Attach self-attested certificates, if experience is in KV/JNV/CBSE Affiliated School/Other recognized schools.

Attach separ	ate sheet, if rows are ins	ufficient)				<b>-</b>	
Post Held	Name Of Institution with Board (if Applicable)	Period Of Service		No. Of Completed Years and	Class Taught	Subject Taught	Scale Of Pay and Salary
	rippiicusie)	From	to	months			Per Month
-	teach through English and Hindi,						
	tick in the appropriate box) for te		YES	NO			
-	nowledge of Computer Application tick in the appropriate box) for tea		YES	NO			
(Please mark ()	tick in the appropriate box) for tea	iching posts	153	NO			
	member of KVS Employees? tick in the appropriate box)		YES	NO _			
		1	<u>UNDERTAKI</u>	NG			
attested copies	fy that all the informations of my testimonials in supplied for interview/ selections erification.	port of the er	ntries made	above. I also agr	ee that mere	eligibility does	s no confe
PLACE							
DATE						Signature	:
	FOR						
			ONLY (to	be filled by che	<u>ckers)</u>		
REMARK(ab	out eligibility for the pos	t applied ):					
			Verified B	Sy			
Name, Design	nation & Sign of Checker						
1							
2.							