KENDRIYA VIDYALAYA BSF TEKANPUR, GWALIOR

FORM NO:

APPLICATION FORM FOR APPOINTMENT OF PGT/TGT/PRT/COMPUTER INSTRUCTOR/SPOKEN ENGLISH TEACHER/ YOGA INSTRUCTOR/DOCTOR/NURSE/COUNSELOR/SPECIAL EDUCATOR ON CONTRACT BASIS. (2024-25)

Importa	ant notes:	2. C	ne for	m shou	ıld be	made in oused for softesti	one p	ost.		form.	(If app	lied	for m	nore th	an on	e post)				
1.	POST (Please i Yoga Ins Doctor/N	indicate structor/s	whethei Spoken	PGT/T	GT/PR Teach	RT/Compu er/Specia	uter Ins al Educ	structor ator/	r/					JEC'se of		PPLII TGT)	ED F	OR		
													→							
2. Candida	te's Name	(in capita	al letters	s) (Pleas	e keep	one box b	olank be	etweer	n First	name, I	Middle r	name	e & Las	st nam	e)			$\overline{}$		
	/Husband' keep one bo				•	iddle nam		ither st nam	e) [Hu	sban	nd							
4. Date of6. Age as of	Birth: on 31.03.20		DAY		M Year	ONTH		Mon	YE <i>A</i>	AR	Da	nys		Gend case Ti	ck)		affix	one	F	ecent
7. Candida	ite Address	(in capit	als lette	rs)				,						1		otograp				
Name Father Addre	r/Husband's	: s Name: :																		
City/To	own obile No.	: : :1.				PIN	I													
		2.		.												Signat	ture of	Cand	lidat	e
	ic Qualifica e informati		_	_		-	of Mai	rk shee	ets and	Certifi	cates)									
(with o	e of Examin complete na	ame of	(name of nation		ear of assing		AGO lax.	М	TE MAF arks ained	RKS %age			ubjects cializat		of c	ation course		Boar niver	•

(with complete name of course passed)	of Examination passed	Year of passing	Max. Marks	Marks obtained	%age of marks	Subjects / Specialization	of course (in months)	Board/ University
High School (Class X)								
Intermediate (Class XII)								
Graduation (Name of Course)								
Post Graduation (Name of Course)								

Others if any (Specify)

9. Professional Qualification (Attach attested copies of mark sheets & certificates)

Name o	f Examination	Write name		AGG	REGRATE MA	ARKS		Duration	
(with co	omplete name urse passed)	of Examination passed	Year of passing	Max. Marks	Marks obtained	%age of marks	Subjects /Specialization	of course (in months)	Board/ University
I	T/D.ED/ specify)								
B.ED	Theory								
B.ED	Practical								
Degree	B.Tech(CS)/ MBBS e/Diploma in Nursing								
	her if any specify)								

	mns are insufficient)	if columns	arate sheet.	(Attach se	Experience	10.
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		Period of s	service	No. of completed years & months	Class taught	
Post held	Name of Institution	From	То			Subjects taught

11. Are you able to	teach through English and Hindi, both?	
(Please mark ($\sqrt{}$) tick in the appropriate box) For teaching	posts

12.	Do you have knowledge of computer application?	
	(Please mark ($$) tick in the appropriate box) For teaching positive	sts

YES		NO	
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.	

To be filled by Vidyalaya

Documents Verified by	:	
Teacher's Name	:	
Designation	:	
Signature	:	