

KENDRIYA VIDYALAYA GAIL VIJAIPUR

APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS SESSION 2024-25 TGT/ PRIMARY TEACHER/
COMPUTER-INSTRUCTOR/ COUNSELLOR/ VOCATIONAL INSTRUCTOR (MUSIC/ DANCE) /SPECIAL EDUCATOR/
ART & CRAFT/ SPORTS COACH/ YOGA INSTRUCTOR

Important Notes: -

- 1: All Entries should be made in Capital Letters.
- 2: One form should be used for one post.
- 3: Enclose attested copies of testimonial with each form (If applied for more than one post).

PLEASE AFFIX
ONE RECENT
PHOTOGRAPH
WITHOUT
ATTESTATION

1: POST APPLIED FOR:

SUBJECT APPLIED FOR
(IN CASE OF TGT/PRT)

(SIGNATURE OF CANDIDATE)

2: CANDIDATE'S NAME (IN CAPITAL LETTERS) (Please keep one blank between First, Middle and last Name)

3: FATHER'S NAME /HUSBAND'S NAME (IN CAPITAL LETTERS) FATHER HUSBAND:

4: DATE OF BIRTH:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5: GENDER: MALE FEMALE CATEGORY:
(GEN / SC /ST/ OBC)

6: AGE AS ON: 31/03/2024

Years	<input type="text"/>	Months	<input type="text"/>	Days	<input type="text"/>
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7: CANDIDATE ADDRESS WITH CONTACT NO:

EMAIL ID: PAN NO (Enclose copy of PAN) Card):

Aadhar Card No. (Enclose copy of Aadhar)

Mobile No. (Please mention at least 02 numbers)

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

Please give information as applicable (Attach 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 Obtained	% 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)	Write Name Of Examination Passed.	Year of Passing	Max. Marks	Marks Obtained	% Of Marks	Subject/Sp ecialization	Duration Of Course In Month	Board/ University
CTET (I to V) Qualified								
CTET (VI To VIII) Qualified								
B.Ed.								
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 separate sheet, if rows are insufficient)

Post Held	Name of Institution with Board (if Applicable)	Period of Service		No. Of Completed Years and months	Class Taught	Subject Taught	Scale of Pay and Salary Per Month
		From	to				

11: Are you able to teach through English and Hindi, both?

(Please mark () tick in the appropriate box) for teaching posts

 YES

 NO

12: Do you have knowledge of Computer Application?

(Please mark () tick in the appropriate box) for teaching posts

 YES

 NO

13: Are you family member of KVS Employees?

(Please mark () tick in the appropriate box)

 YES

 NO

If YES then relation with employee -

UNDERTAKING

I hereby certify that all the information given above is true and correct to 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

FOR OFFICE USE ONLY (to be filled by checkers)

REMARK (about eligibility for the post applied):

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Verified By

Name, Designation & Sign of Checker

1.

2.