KENDRIYA VIDYALAYA UMARIA

APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS PGT/TGT/PRT/COUNSELOR/ SPECIAL EDUCATOTRS /INSTRUCTORS/COACHES /DOCTOR/NURSE,
BAL VATIKA TEACHERS SESSION 2024-25

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 testimonials with each form.

1.	POST APPLIED FOR											(ONLY FOR T																
2.		 Cano	dida	ate'	s Na	me	(in c	anita	ıl let	ters)	(Please	e keen	one b	ox bla	nk bet	ween	First	nam	e. M	iddle 1	name	& La	st na	me)				
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(Please give information as applicable, (Attach attested copies of Mark sheets and Certificates)

Name of Examination	Write name	Year of		REGATE M		Subjects	Duration	Board/
(with complete name of	of	passing	Max.	Marks	%age of	, and the second	of Course	University
course passed)	Examination		Marks	obtained	marks			
	passed							
High School (Class X)								
Intermediate (Class XII)								
Graduation								
(Name of Course)								
Post Graduation								
(Name of Course)								
Others if any								
(Specify)								

Note: - Please provide information for the qualification completed by 28, February 2023 only.

12. Detail Graduation D	egree		I`	Years			II Years			III Years		
		Obta	ined Mark	s Tota	al Marks	Obtained M	arks Tota	ıl Marks	Obt	tained Ma	ırks	Total Marks
BA / BSc	• • •											
English as a Hindi/Sankr	main subject											
subject	it as a mam											
Physics/ Hist	tory/Botany											
Chemistry/G												
Maths /Econ	omics /Zoology											
Electronics/	_											
Science/ Stat			1 1 4	er m	1 777							
	ose attested cop ssional Qualif						sheets & c	certifics	ates)			
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passed)			Diploma		Marks	obtained	marks	ion		(in month		
	C.Ed./Pre-School	1										
	B.Ed Nursery											
CTET (I to V	V)											
Qualified												
CTET (VI to	VIII)											
Qualified												
B.ED The	ory											
/JBT/ DED Prac	etical											
	ee /Diploma in											
	ounseling/Yoga	,										
Dance/ Com		,										
Graduate wit	•											
	ation or any oth	ner										
equivalent q	•											
approved by												
14. Exper	ience (Attach	certifi	cates if	experie	ence is in	the recog	nized Sch	ools) –	prio	rity wi	ill be	given.
Post held	Name of	Perio	d of ser	vice N	lo. of co	mpleted	Class	Subjects t		_		le of pay
	Institution	From	From To		ears & 1	nonths	taught	ht			and	salary
										per	month	
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Signature____

Name_____