FORM NO:

PM SHRI KENDRIYA VIDYALAYA No. 2, AFS, GWALIOR

APPLICATION FORM FOR APPOINTMENT OF TEACHERS/INSTRUCTORS/COACHES EXPERTS/DOCTOR/NURSE,COUNSELOR/YOGA, ETC ON CONTRACT BASIS. (2024-25)

Important notes:

1.

- 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. (If applied for more than one post)

| | Comp | e indic outer In nes/Doo | struct | or/Ex | perts | in A | rt & | Craf | | er in | | | | | | | (In | case | e of] | PGT/ | TGT | Γ) | | | | |
|------------------|------------------------------------|--------------------------------|---------|--------|---------|--------|--------|--------|--------|---------------|------|---------|-----|-------|-------|-------|------|--------|---------------------|------|-------|--------------|---------------|----------------|--------|-----------|
| 2. Cand | idate's Nan | ne (in ca | pital l | etters |) (Plea | ase ke | ep o | ne bo | x blar | ık bet | twee | n First | nan | ne, N | 1iddl | e nai | ne 8 | k Last | t nam | e) | | | 1 | | | |
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| 6. Cate į | of Birth: gory: (Gen/ | | | | MONT y) | Н | ar | | YEAR | | Mon | th | | | 1 | Days | | | end se Ti | ck) | ase | M | | one | | ecent |
| 3. Cand | idate Addre | ess (in c | apitals | lette | rs) | | | | | | | | | | | | | | | Pho | otogr | aph <u>v</u> | <u>vithoi</u> | <u>it atte</u> | statio | <u>on</u> |
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9. Academic Qualification (Starting from High School level)

(Please give information as applicable. (Attach attested copies of Mark sheets and Certificates)

| Name of Examination | Write name | _ | AGG | REGATE MAR | KS | | Duration | |
|---------------------------------------|-----------------------------|-----------------|---------------|-------------------|---------------|------------------------------|--------------------------|----------------------|
| (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) | | | | | | | | |

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

| Name of Examination (with complete name of course passed) | | Write name | | AGGI | REGRATE MA | ARKS | | Duration | |
|---|------------------------|-----------------------|-----------------|---------------|-------------------|------------------|-----------------------------|-----------------------------|----------------------|
| | | of Examination passed | Year of passing | Max. Marks | Marks obtained | %age of marks | Subjects /Specialization | of course (in months) | Board/ University |
| | r/B.E.ED/ specify) | | | | | | | | |
| D ED | Theory | | | | | | | | |
| B.ED | Practical | | | | | | | | |
| BE/B.Tech(CS)/ MBBS Degree/Diploma in Nursing | | | | | | | | | |
| | her if any specify) | | | | | | | | |

| Subjects taught |
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| Documents Verified by | : | |
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| Teacher's Name | : | |
| Designation | : | |
| Signature | : | |