PM SHRI KENDRIYA VIDYALAYA RAIL PARISAR GONDA

APPLICATION FORM FOR APPOINTMENT OF TEACHERS/INSTRUCTORS/COACHES EXPERTS/DOCTOR/NURSE,COUNSELLOR/YOGA, ETC ON COTRACT BASIS.

Session 2025-26

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. (If applied for more than one post)

.	POST (Please i Comput Coaches	ndicate er Instr	e whether cuctor/E	er PGT xperts	in Art d	& Craft/							SUB. (In ca				D FC	OR		
. Candid	ate's Nam	e (in c	apital le	tters) (Please	keep on	e box	ப blank	betw	een Fir	st na	∟ me, I	Middle	name	& Last	name	2)			
	s /Husbar keep one							ather me &		ame)			Hu	sband						
	f Birth: on 31.03.2 ate Addre		DAY capitals	letters)	Year	IONTH		Mor	YE nth	AR		Days	(Ple	Gend ease Ti	-	М			F	
Name	?	:													Plea		affix	one	rec	
Fathe Addre	r/Husband ess	d's Nan : : :	ne:												Pho	tograpł	n <u>witho</u>	out atte	estatio	<u>n</u>
-	obile No.	: :				PIN	N													
E-mai	l	:																		
. Acadau	nic Qualifi		(Ctortin	a fram	lliah C	ah a al la	(امیر									Signat	ture of	f Cano	didate	

8. 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 MAI	RKS		Duration	
(with complete name of course passed)	of Examinatio n 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)								

Name of		M/rito mana		AGGI	REGRATE M	ARKS		Durat'		
Examination (with complete name of course passed)		Write name of Examination passed	Year of passing	Max. Marks	Marks obtained	%age of marks	Subjects /Specialization	Duration of cour (in month	se Board/ University	
-	LED/JBT ecify)									
B.ED	Theory									
	Practical									
/ PGD Degree	ech(CS)/MCA CA / MBBS c/Diploma in lursing									
Oth	er if any pecify)									
Experi	ence (Attach	separate sheet,	if columns	are insuffici	ent)					
•	Name (Period o	of service	No. of completed years & months		Class	Subjects taught		Scale of pay and salary per	
Post held	Institution	on From	То			taught	Subjects tau	giit	month	
(Please	mark $()$ tick have knowled	through English as in the appropriat ge of computer a in the appropriat	e box) For teapplication?	aching posts		L	YES YES	NO NO		
			UI	NDERTAK	ING	L] [
imonials	in support of		ven above is above. I also	true and corr agree that m	ect to the be ere eligibili	ity does not	nowledge. I have a confer right to be cation.			
ce						Name_				
e						Signa	ture			
						Signa				