



Registration cum Application form for part time contractual teachers for the session 2025-26

Important notes: 1. All entries should be made in capital letters.

- 2. Separate form for each post, if applied for more than one post.
- 3. Active Mobile Number and valid E-mail ID must be furnished in the application.

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Image: Post Applied I (Please indicate whethe PGT/TGT/Balvatika/M	r ïsc.							(In c		of PG	T/TG	Г)			
2. Candidate's Name (in capita	l letters)) (Please	keep one l	box blank	betwee	en Firs	t name	e, Mit	idle n	ame d	& Last	name)			
3. Father's /Husband's Nam (Please keep one box blank be		-		Father name & L		_1	usban	d	Ţ						
 4. Date of Birth: 6. Age as on 01.04.2025 7. Category (Gen/OBC/SC/ST 	DAY Year		Mont	MONTH h	YEAR	Days			5. G	ender		M] [F
8. Candidate Address (in cap	itals lett	ers)													
Name : Father/Husband's Name: Address : :											Please Phot		ffix <u>witho</u>	one ut attes	recent station
City/Town : State :															
Mobile No. : E-mail ID :				Р	PIN							Signe 4		f Core	lidate

9. Academic Qualification (Starting from High School level)

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

Name of	Write name	cu 01 c . (1		GREGA		of Mark sheets and Certificates)		
Examination	of	Year of		MARKS		Subjects /	Duration of	Board/
	Examination		Max.	Marks	-	Specialization	course (in	University
	passed		Marks	obtained	of Marks		months)	
High School (Class X)								
Intermediate (Class XII/PUC)								
Graduation (B.A/B.Sc./ B.Tech/B.E etc.)								
Post-Graduation (M.A/M.Sc./ MCA/M.Tech)								
Others if any (Specify)								

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

Nam	e of	Write name		AGGR	EGATEM	ARKS			
(with	nination 1 complete eof course ed)	of Examination passed	Year of passing	Max. Marks	Marks obtained	%age of marks	Subjects /Specialization	Duration of course (in months)	Board/ University
JBT/B. (specify	El.Ed/D.Ed 7)								
	Theory								
B.Ed.	Practical								
BE/B.T	Tech(CS)/								
Other i (specify									
		CTET Details							

11. Experience (Attach separate sheet, if columns are insufficient)

De stheld	Nama e	Period of	fservice		Clear	6-14-4-414	Scale of pay and salary per
Post held	Name of Institution	From	То	No. of completed years & months	Class taught	Subjectstaught	month

12. Are you able to teach through English and Hindi, both?

(Please mark ($$) tick in the appropriate box	Please mark	() tic	k in the	appropriate	box)
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10		D ' 1	1 1 0			•
13.	Do you have	Basic kno	owledge of	computer (MS-Office)	1

(Please mark ($\sqrt{}$) tick in the appropriate box)

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.

E-mail ID:

It is compulsory to submit the photocopies of all the testimonials along with this Application form. 1. Candidates are requested to carry original testimonials along with them at the time of interview. 2. Candidates are requested to provide working mobile number and email id compulsorily.