PM SHRI KENDRIYA VIDYALAYA DHANA (M.P.)

APPLICATION FORM FOR APPOINTMENT OF TEACHERS ON COTRACT BASIS

Importai	nt no	tes:	2	. One	e forn	n sho	uld b	e use	d for	one	post.		each	forn	n. (If	appli	ed for						24-2	25	
1.														S					LIED T/TG	FOI	R				
2. Candid	ate's	s Nan	ne (in	capit	al let	ters)	(Plea	ase k	еер с	one b	ox bl	ank b	etwe	en Fi	rst na	ame,	Midd	le na	me 8	k Last	nar	me)]
3. Father' (Please									e, mi	ddle	Fat name		ıst na	ime)	ı		ŀ	Husba	and]			ı	٦
4. Occupa	ation	of S _l	pouse	with	Add	ress	(if ap	plica	ble)													1			
5. Date of	f Birt	:h:		DA	Y			MO	NTH				YEA	AR]		6. G Pleas				М		ı	F
7. Age as	on 3	1.03.	2024				Ye	ar			Ī	Mont	h] [Days	5								_
8. Candid Addres		Addre	ess (ir	n capi	tals l	etter	s)																Photo	o	
Ph/Mol	bile N	No.:																							

Signature of Candidate

9. Academic Qualification (Starting from High School level) (Please give information as applicable. (Attach attested conic

Please give information as	applicable. (Atta	ch attested	copies of Mark	sheets and	Certificates)		
Name of Examination	Board/		AGGREG MARKS	GATE		Duration	Remarks
(with complete name of course passed)	University Board/	Year of Passing	Max. Marks /Obtained Marks	%age of marks	Subjects / Specialization	of course (in months)	
High School (Class X)						,,	
Intermediate (Class XII)							
Graduation (Name of Course)							
Post-Graduation							
(Name of Course) Others if any							
(Specify)							

University									
Offiversity	Year of passing	Max. Marks / Obtained		%age of marks		Subjects /Specializat		of course (in	Remarks
		Ma	rks					months)	
			S			YES		NO	
Do you have knowledge of computer application (Please mark ($$) tick in the appropriate box) For te			?			YES		NO	
		UI	NDERT	AKING					
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Name____

Contact No.