## PM SHRI KENDRIYA VIDYALAYA BHADRAK APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS & VOCATIONAL EXPERTS

## Session 2024-25

## **ImportantNotes:**

- (i) All entries should be made in **capital letters** only.
- (ii) One form should be used for one post.
- (iii) Enclose self-attested copies of testimonials, Experience Certificate & Aadhar Card with each form.

Paste recent Passport SizePhoto

1	Post Applied For (Please Specify):	PGT/TGT/PRT/MISC/Balvatika : Subject							
2	Candidate's Name:								
3	Father's/Husband's Name								
4	Date of Birth								
5	Gender (Male/Female)								
6	Age (As on 31.03.2024)	Year		Month		Days			
7	Candidates Address (In Capital Letters)								
8	City/Town & PIN								
9	Mobile/Landline Number								
10	WhatsApp Number								
11	Email address								

## 12. Academic Qualification (Starting from High school Level)

Name of Examination	Year of Passing	AGGRI	GATEMARKS	5	Subjects/ Specialization	Duration of course	Board / University		
Lxammation		Max. Marks	Marks Obtained	% of marks	Specialization	(in Months)			
High School (Class X)									
Intermediate (Class XII)									
Graduation									
Post- Graduation									

Name of Examination (With complete name of course Passed)		•		Year of Passing			Marks Obtained		% of marks	Subjects/ Specialization			Duration of course (in months)	
D.EL.ED.JBT/B. (Specify)	E.Ed./													
B.Ed.														
B.E./B.Tech.(CS) Degree/Diploma in Nursing/O Level.														
OTHER SI Fany (Specify)														
14. Whether Country If Yes attach country Marks Scored (1to5-Primary	ertificate & Passing	•	S()	NO ()				-	assing year ary Stage)			N	A ( )	
15. Teaching E														
Post Held	Name of Institution		Whether recognized		Perio From	d of Service To		No. of completed Years and months			ubject and lass taught		Salary per Month	
16. Are you a Please n			_	English an priate box			ing pos	sts onl	y)	YE	S (	) !	NO (	)
17. Do you ha	ve knov	wledge of	Con	=	plicati . (For	on? teach		sts onl		Yl	ES (	) N	0 (	)
I hereby certify and correct to support of the interview/selec verification.	the best entries	of my kı made ab	now ove.	ledge and I also ag	ation a belief	given . I ha at my	by me we atta eligib	in this iched ility do	attested co	opie onfer	s of m right	y tes to b	stimon e calle	ial in d for
Further I, clearl requirement of services will be	the co	ncerned I	⟨V/s	and in t	ne eve	nt of	my pa	art-tim	e selectio	n on	a pai	rticul	-	
Place: Date:	•			•			•		Signature Name:	e <b>:</b> .		•••••		••••
For office Use-														
Eligible/Not Elig	ible (Tic	k one) Re	mar	k if any					• • • • • • • • • • • • • • • • • • • •			•••••		••••
1. Checked	by (Sign	ı)	••••					2	2. Checked	d by (	(Sign).	•••••	•••••	•••••
(Name (Post)			••••	. (Name)	•••••	•••••	(]	 Post)		•••••	• • • • • • • • • • • • • • • • • • • •			

13. Professional Qualifications: