PM SHRI KENDRIYA VIDYALAYA PASIGHAT

APPLICATION FORM FOR APPOINTMENT OF PGT /TGT/PRT/Games Coach / Yoga Teacher/Educational

Counsellor/Computer instructor/Staff Nurse/Special Educator/ Balvatika Teacher ON PART TIME CONTRACTUAL BASIS FOR THE SESSION 2024-25

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 certificates & testimonials with each form. (If applied for more than one post)

| 1. POST APPLIED FOR : (Please indicate whether PGT/TGT/PRT/Others teacher in the box) | | | | | | | | | | SUBJECT APPLIED FOR: | | | | | | | | | |
|--|--|---------|---------|--------|--------|--------|--------|---------|-----------------------|----------------------|----------|---------|-------|-------|--------------------------|--|-------|--|---|
| 2. | Car | ndidate | e's naı | me (Pl | ease l | eave (| one bo | x blan | ık betv | veen F | First, M | /liddle | and L | ast n | ame). | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 3. (Pleas | Father's name/Husband's name. lease leave one box blank between First, Middle | | | | | | | dle and | Father and Last name) | | | | | | Husband | | | | |
| (1.1000 | | | | | | | | | Lact | | , | | | | | | | | |
| 4. | Dat | e of B | irth.(d | d/mm/ | уууу) | | | | | | | | | 5.G | ender | | M | | F |
| 6. | Age | as or | า 28.0 | 2.2024 | ١. [| | Years | 5 | N | Months | 3 | | Days | | | | | | |
| 7. | | ndidate | e's Ad | dress. | L | | | | ı | | - | | | | | | | | |
| Nam | | | | | | | | | | | | | | | | | | | |
| Fath | er/Hus | sband | 's Nan | ne | | | | | | | | | | | | | | | |
| Address including PIN | | | | | | | | | | | | | | | ase af port si pho | | ent c | | |
| City/ | Town | | | | | | | | | | | | | | | | | | |
| Ph/M | lob N | 0 | | | | | | | | | | | | | | | | | |
| E. m | ail id | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

8. Academic qualification (starting from High School level) (Please give information as applicable. (Attach self-attested copies of certificates and testimonials).

| Name of | Write | Year of | A | ggregate M | arks | Subjects/ | Duration | Board/ |
|-------------------|-----------|---------|-------|------------|---------|----------------|-----------|------------|
| Examination (With | name of | passing | Max. | Marks | %age of | Specialization | of course | University |
| complete name of | Examinati | | marks | obtained | marks | | (in | |
| course passed) | on | | | | | | months) | |
| | passed | | | | | | | |
| High School | | | | | | | | |
| (Class X) | | | | | | | | |
| Intermediate | | | | | | | | |
| (Class XII) | | | | | | | | |
| Graduation (Name | | | | | | | | |
| of Course) | | | | | | | | |
| Post-Graduation | | | | | | | | |
| (Name of Course) | | | | | | | | |
| Others, if any | | | | | | | | |
| (Please specify) | | | | | | | | |

| | Name of Examination (With complete name of course passed) | | | of | Year of passing | | , | Aggregate M | arks | Subjects/ Specializati | Duration of | Board/ University | |
|-------------------|--|------------------------|---------------------|--------------------------------------|-------------------|---------------|-----------------------|-----------------------------|---------------|---------------------------|--------------------------|------------------------------------|--|
| comple | | | | name of Examinati on passed | | | | Marks %age of marks | | on | course (in months) | Offiversity | |
| JBT/B. El.Ed.) | | D.Ed/D. | | | | | | | | | | | |
| B.Ed. | B.Ed. (Theory) | | | | | | | | | | | | |
| | (Pra | ctical) | | | | | | | | | | | |
| BE/B.T | ech. (C | CS) | | | | | | | | | | | |
| Other, specify | | Please | | | | | | | | | | | |
| | | | | | _ | | | | | | | | |
| 10. | | Name | | | e shee | | | are insufficie No. of comp | , | Class taught | Subjects | Scale of pa | |
| | Instituti | | | ution | | om | | years & mo | | | taught | and salary per month | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 11. | Are voi | u able to | teach | throug | nh Eng | lish a | and Hinc | li hoth? | | | | | |
| | - | | | | - | | | aching posts | . YES | | NO | | |
| | | ı have kr e tick ma | | | | | | n? aching posts | YES | | NO | | |
| | | | | | | | UN | DERTAKING | <u>3</u> | | | | |
| attached | d attest / does | ed copie not con | s of my fer rigl | certif nt to l | icates be call | and led fo | testimor or interv | nials in suppo | ort of the er | itries made abo | ove. Í also a | vledge. I have agree that mere any | |
| Place | : | | | | | | | | Signa | ature : | | | |
| Date | : | | | | | | | | Name | e : | | | |
| Notes of | f the do | cuments | verify | ing Co | mmitte | ee:- | | | | | | | |
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |