

PM SHRI KENDRIYA VIDYALAYA No. 4 AFS GWALIOR
APPLICATION FORM FOR APPOINTMENT OF TEACHERS/INSTRUCTORS/COACHES
EXPERTS/DOCTOR/NURSE,COUNSELOR/YOGA,Balvatika Teacher ETC ON
CONTRACT BASIS.
(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 testimonials with each form. (If applied for more than one post)

1.	POST APPLIED FOR (Please indicate whether PGT/TGT/PRT/ Teacher in Computer Instructor/Experts in Art & Craft/ Coaches/Doctor/Nurse/Yoga/ Balvatika Teacher in the box) <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	SUBJECT APPLIED FOR (In case of PGT/TGT) <div style="border: 1px solid black; height: 20px; margin-top: 5px; position: relative;"><div style="position: absolute; left: 0; bottom: 0; right: 0; height: 10px; background: linear-gradient(to right, transparent 49%, black 49% 51%, transparent 51%);"></div></div>																									
2. Candidate's Name (in capital letters) (Please keep one box blank between First name, Middle name & Last name) <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"><tr><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td></tr></table>																											
3. Father's /Husband's Name (in capital letters) (Please keep one box blank between First name, middle name & Last name) <table style="width: 100%;"><tr><td style="width: 40%; text-align: center;">Father <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div></td><td style="width: 60%; text-align: center;">Husband <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div></td></tr><tr><td colspan="2" style="text-align: center;"><table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"><tr><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td></tr></table></td></tr></table>			Father <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div>	Husband <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"><tr><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td><td style="width: 3.33%; height: 20px;"></td></tr></table>																						
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4. Date of Birth: <table style="width: 100%; text-align: center;"><tr><td style="width: 20%;"><div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div></td><td style="width: 20%;"><div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div></td><td style="width: 60%;"><div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block; vertical-align: middle;"></div></td></tr><tr><td>DAY</td><td>MONTH</td><td>YEAR</td></tr></table> Gender (Please Tick) <table style="display: inline-table; vertical-align: middle;"><tr><td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M</td><td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">F</td><td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">T</td></tr></table>			<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div>	<div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block; vertical-align: middle;"></div>	DAY	MONTH	YEAR	M	F	T																
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5. Age as on 31.03.2024 <table style="width: 100%; text-align: center;"><tr><td style="width: 30%;"><div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div></td><td style="width: 30%;"><div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div></td><td style="width: 40%;"><div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div></td></tr><tr><td>Year</td><td>Month</td><td>Days</td></tr></table>			<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div>	Year	Month	Days																			
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6. Category (Gen/OBC/Sc/st/P.H.) <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div>																											
7. Candidate Address (in capitals letters) <div style="border: 1px solid black; padding: 5px; min-height: 150px;"><p>Name : _____</p><p>Father/Husband's Name: _____</p><p>Address : _____</p><p>City/Town : _____ PIN <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; vertical-align: middle;"></div></p><p>Ph/Mobile No. : 1. _____ 2. _____</p><p>E-mail:- _____</p></div> <div style="border: 1px solid black; width: 200px; height: 100px; margin-top: 10px; position: relative;"><div style="position: absolute; top: 5px; left: 5px; padding: 5px;">Please affix one recent Photograph <u>without attestation</u></div><div style="position: absolute; bottom: 0; left: 0; right: 0; height: 30px;"></div></div> <div style="text-align: center; margin-top: 10px;">↑ Signature of Candidate</div>																											

- 8. Academic Qualification** (Starting from High School level)
(Please give information as applicable. (Attach attested copies of Mark sheets and Certificates)

Name of Examination (with complete name of course passed)	Write name of Examination passed	Year of passing	AGGREGATE MARKS			Subjects / Specialization	Duration of course (in months)	Board/ University
			Max. Marks	Marks obtained	%age of marks			
High School (Class X)								
Intermediate (Class XII)								
Graduation (Name of Course)								
Post Graduation (Name of Course)								
Others if any (Specify)								

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

Name of Examination (with complete name of course passed)	Write name of Examination passed	Year of passing	AGGREGATE MARKS			Subjects /Specialization	Duration of course (in months)	Board/ University
			Max. Marks	Marks obtained	%age of marks			
ECCE/NTT/JBT/D.El.E d etc. (specify)								
B.ED	Theory							
	Practical							
BE/B.Tech(CS)/ MBBS Degree/Diploma in Nursing/Yoga/CTET								
Other if any (specify)								

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

Post held	Name of Institution	Period of service		No. of completed years & months	Class taught	Subjects taught
		From	To			

11. Are you able to teach through English and Hindi, both?
(Please mark (✓) tick in the appropriate box) For teaching posts

YES	
YES	

NO	
NO	

12. Do you have knowledge of computer application?
(Please mark (✓) tick in the appropriate box) For teaching posts

13. No of Documents attached

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._____

To be filled by Vidyalaya

Documents Verified by	:
Teacher's Name	:
Designation	:
Signature	: