

**PM SHRI KENDRIYA VIDYALAYA MAHOBA, 210427**  
**APPOINTMENT OF CONTRACTUAL TEACHER / EMPLOYEE**  
**APPLICATION FORM FOR INTERVIEW FOR THE SESSION 2024-25**

Application for the Post of \_\_\_\_\_

Name of the Candidate : Mr./Ms./Mrs. \_\_\_\_\_

(Attach Copy of Photo ID)

Photograph

Date of Birth \_\_\_\_\_

Married/Single \_\_\_\_\_

Blood Group \_\_\_\_\_

Father's/Husband's Name \_\_\_\_\_

Mr. \_\_\_\_\_

SC/ST/OBC/MUSLIM/MINORITY/GEN \_\_\_\_\_

(Attach Self Certified copy)

PAN No. \_\_\_\_\_

(Attach Self Certified copy)

AADHAR No. \_\_\_\_\_

(Attach Self Certified copy)

Bank Account No \_\_\_\_\_

( Attach Self Certified copy of First Page of Passbook)

Name of Bank \_\_\_\_\_

IFSC Code \_\_\_\_\_

Correspondence Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

( Attach Self Certified copy of Address Proof)

E-mail Address \_\_\_\_\_

Mobile No. (Self): \_\_\_\_\_ WhatsApp No. (Self): \_\_\_\_\_

Mobile No. (Close family Member to be contacted in emergency): \_\_\_\_\_

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)	Name of Examination Passed	Board/ University	Year of Passing	Duration Of Course (in Months)	Subjects / Specializat ion	AGGREGATE MARKS			Remarks
						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)									

Professional Qualification (Attach attested Copies of Mark sheets and Certificates)

Name of Examination (with Complete Name of Course Passed)	Name of Examination Passed	Board/ University	Year of Passin g	Subjects / Specialization	Duration of Course (in months)	AGGREGATE MARKS			Remarks
						Max. Marks	Marks obtaine d	%age of Marks	
CTET									
JBT/B.El.Ed/D.Ed. (specify)									
B.ED	Theory								
	Practical								
BE/B.Tech(CS)/ Degree/Diploma in Nursing									
Others, if any (specify)									

Signature of Candidate.....

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Whether the Candidate has previously worked in this Vidyalaya  
 (If yes, specify Post and Year) \_\_\_\_\_ : YES/NO

Do you have proficiency in Working Knowledge of Computer Application  
 (If yes, specify Detail) \_\_\_\_\_ : YES/NO

Do you have proficiency in teaching in English and Hindi Medium  
 Experience: \_\_\_\_\_

S. No.	Post Held	Name of the Institution	Recognized/ Unrecognized	Period		No. of Years/Months Completed	Sub & Class Taught
				From	To		
1.							
2.							
3.							
4.							
5.							
6.							

Any Special Achievements : \_\_\_\_\_

A Short note regarding Suitability to the Post (\*Mandatory)

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**DECLARATION**

I hereby certify and declare that:

- i). I am an Indian National.
- ii). I have read the provisions given in the Advertisement.
- iii). All statements made and information given by me in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information or part of it being found false or incorrect before or after the exam./interview or appointment, action can be taken against me by the KVS and my candidature/appointment shall automatically stand cancelled/repatriated/terminated. If anything is found false, I will be held fully responsible.
- iv). I further declare that I fulfill all the conditions of eligibility regarding age, educational, professional/technical qualifications, etc. prescribed for the post applied for the essential qualifications prescribed are possessed by me, the proof of which has been enclosed.
- v). I understand that income tax (TDS) will be deducted as per the rules of the Income Tax Department, Government of India.
- vi). No case is registered in any Police Station/Court or disciplinary action is pending/. contemplated against me at the time of submission of this application.
- vii). I will have no claim or right for appointment on regular basis nor will be part of cadre of teachers of Kendriya Vidyalaya.
- VIII) I will sign an agreement at the time of appointment as per KVS rules.

DATE : \_\_\_\_\_

SIGNATURE OF THE CANDIDATE \_\_\_\_\_

PLACE: \_\_\_\_\_

NAME OF THE CANDIDATE \_\_\_\_\_

SIGN OF CHECKER (WITH DATE) \_\_\_\_\_

NAME OF THE CHECKER \_\_\_\_\_

DESIGNATION \_\_\_\_\_