**PM SHRI KENDRIYA VIDYALAYA NO. 2 INF LINES JAMNAGAR**

APPLICATION FORM FOR PART TIME CONTRACTUAL TEACHERS 2024-25

POST APPLIED : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Qualification : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paste passport size recent Photograph here)

1. Candidate’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date of Birth : \_\_\_\_\_\_\_\_\_\_

3. Father’s / Husband’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Address for Correspondence : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Contact No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Id : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Education Qualification (Academic and Professional) :

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S No | Exam Passed | Year | Subject offered | Board / University | Marks obtained | Max Marks | % of Marks | Remarks |
| 1 | Secondary or Equivalent |  |  |  |  |  |  |  |
| 2 | Senior Secondary or Equivalent |  |  |  |  |  |  |  |
| 3 | B.A./B.Sc./B.Com./B.E./B.Tech. or equivalent |  |  |  |  |  |  |  |
| 4 | M.A./M.Sc./M.Com/M.Tech or equivalent |  |  |  |  |  |  |  |
| 5 | B.Ed. or equivalent |  |  |  |  |  |  |  |
| 6 | JBT or equivalent |  |  |  |  |  |  |  |
| 7 | M.Ed. or equivalent |  |  |  |  |  |  |  |
| 8 | CTET-I |  |  |  |  |  |  |  |
| 9 | CTET-II |  |  |  |  |  |  |  |
| 10 | Any other |  |  |  |  |  |  |  |

Desirable Qualification :

1. Proficiency in teaching in English and Hindi medium: Yes / No

2. Working Knowledge of computer: Yes / No

3. Teaching Experience:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S No | Name of Institution | Period of Service | Duration | Post Held | Class taught | Remarks |
| From | To |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |

 Signature of Candidate : \_\_\_\_\_\_\_\_\_\_

 Name of Candidate : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only

Eligible : \_\_\_\_\_\_\_\_\_\_\_\_ (Yes / No)

Verified by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature : \_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_