PM SHRI KENDRIYA VIDYALAYA, BOUDH

BIODATA FORM FOR PART TIME/ CONTRACTUAL TEACHERS/INSTRUCTORS/COACHES

Important notes:

e-mail ID

1. All entries should be made in capital letters

Date-28.02.2024

2. One form should be used for one post.

3. Enclose atte	ested copies	of testimonials w	ith each form. (1	f applied fo	r more	than o	ne po	st)					
POST APPLIED FOR Please indicate whether PGT/TGT/PRT/Balvatika-3 Teacher / Computer Instructor (In case							ECT APPLIED FOR e of PGT/TGT)						
/Yoga Instructor/R the box)	LT(Odia)/Speci	al Educator/Coaches,	/ Doctor/Nurse/ Cou	nseller in									
POST:	POST: SUBJE								CCT:				
2. Candidate's	Name (in ca	pital letters) (Please	keep one box blank betwe	een First name,	Middle nan	ne & Last n	iame)	1 1					
		me (in capital letter st name, middle name & La		ner		H	usban	d					
4. Date of Birth6. Age as on 29	DAY	MONTH	YEAR Month	Days	5. Ge (Please		M	one	F	eent			
CASTE- 7. Candidate A	ddress (in ca	apitals letters)					raph <u>wi</u>						
Name		1											
Father/Husband	's Name:												
Address	:												
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City/Town Ph. /Mobile No.	: :1.)	PIN											
	2.)												

Signature of Candidate

8.Academic Qualification (Starting from High School level)

(Please give information as applicable, (Attach attested copies of Mark sheets and Certificates)

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

Examination (with complete name of course passed) JBT/B.E.ED/ (specify) B.ED BE/B.Tech(CS)/ MBBS Degree/Diploma in Nursing Other if any (specify) 10. Experience (Attach separate sheet, if columns are insufficient) Post Name of held Institution Post Institution Post Name of held Institution From To completed Max. Marks obtained marks obtained marks Marks obtained marks // Specialization of course (in months) Max. Marks obtained marks // Specialization of course (in months) Max. Marks obtained // Specialization marks // Specialization of course (in months)	9. Professional Qu		_	name	Year of	_	GRATE MA		Subjects	Duration	Board/	
BED BEB.Tech(CS)/ MBBS Degree/Diploma in Nursing Other if any (specify) 10. Experience (Attach separate sheet, if columns are insufficient) Post Name of held Institution From To completed completed taught wars & months 11. Are you able to teach through English and Hindi, both? (Please mark (\forall) tick in the appropriate box) For teaching posts 12. Do you have knowledge of computer application? (Please mark (\forall) tick in the appropriate box) For teaching posts 13. Whether CTET/OTET qualified YES/NO- UNDERTAKING I hereby certify that all the information given above is true and correct to the best of my knowled have attached attested copies of my testimonials in support of the entries made above. I also agree mere eligibility does not confer right to be called for interview/selection. My candidature ma cancelled in case any information is found to be incorrect on verification. Place_PM SHRI KV Boudh Date	Examination (with complete name of course passed)		of Examination			Max.	Marks	%age of		(in		
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