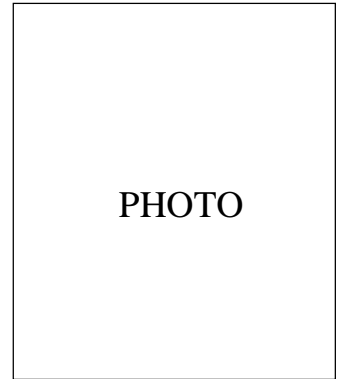




**PM SHRI KENDRIYA VIDYALAYA No.2 AFS TAMBARAM CHENNAI-73**

**APPLICATION FOR THE POST OF PGT / TGT \_\_\_\_\_**

**2024-25**



1. Candidate's Name (in capital letters) : \_\_\_\_\_
2. Father's /Husband's Name (in capital letters): \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Age as on 01.03.2024:.....
5. Gender: \_\_\_\_\_
6. Marital Status : \_\_\_\_\_
7. Candidate Address (in capital letters):  
\_\_\_\_\_  
\_\_\_\_\_

PHOTO

City/Town: \_\_\_\_\_

Phone No: \_\_\_\_\_

PIN: \_\_\_\_\_

Email-id: \_\_\_\_\_

8. Category: GEN / OBC / SC / ST : \_\_\_\_\_
9. Languages Known : \_\_\_\_\_
10. Academic qualifications (Attach self-attested copies of mark sheets & certificates)

| Name of Examination (Strike Out Whichever Not Applicable) | Subject Specialization | Year of Passing | AGGREGATE MARK |                |            | Duration of Course in Months | Board / College / University | Regular / Distance Education |
|---|------------------------|-----------------|----------------|----------------|------------|------------------------------|------------------------------|------------------------------|
|   |                        |                 | Max Marks      | Marks Obtained | % of Marks |                              |                              |                              |
| High school (class X)                                     |                        |                 |                |                |            |                              |                              |                              |
| Intermediate (Class XII)                                  |                        |                 |                |                |            |                              |                              |                              |
| Graduation  |                        |                 |                |                |            |                              |                              |                              |
| Post Graduation   |                        |                 |                |                |            |                              |                              |                              |
| Others if any (Specify)                                   |                        |                 |                |                |            |                              |                              |                              |

11. Professional Qualification (Attach self-attested copies of mark sheets & certificates)

| Name of the Examination | Subject Specialization | Year of Passing | Aggregate Marks |                |            | Duration of the Course (in months) | Board/University |
|-------------------------|------------------------|-----------------|-----------------|----------------|------------|------------------------------------|------------------|
|                         |                        |                 | Max marks       | Marks obtained | % of marks |                                    |                  |
| Other if any            |                        |                 |                 |                |            |                                    |                  |
|                         |                        |                 |                 |                |            |                                    |                  |
|                         |                        |                 |                 |                |            |                                    |                  |

12. Details of previous experience related to the post : (Current job first)

| Name of the Organization | Post held | Period of Service |    | No. of Completed years & Months | Nature of duties | Salary per month |
|--------------------------|-----------|-------------------|----|---------------------------------|------------------|------------------|
|                          |           | From              | To |                                 |                  |                  |
|                          |           |                   |    |                                 |                  |                  |
|                          |           |                   |    |                                 |                  |                  |
|                          |           |                   |    |                                 |                  |                  |
|                          |           |                   |    |                                 |                  |                  |
|                          |           |                   |    |                                 |                  |                  |
|                          |           |                   |    |                                 |                  |                  |

13. Whether qualified CTET (Central Teacher Eligibility Test) : Yes / No

a) If Yes, Marks \_\_\_\_\_ % Year \_\_\_\_\_

14. Any other relevant information you wish to add related to work experience, etc.

I hereby certify that all the information given above is true and correct to the best of my knowledge. I have attached self-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 : \_\_\_\_\_

Signature : \_\_\_\_\_

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

Name : \_\_\_\_\_

(FOR OFFICE USE)

Certified that the candidate is eligible / not eligible for the post of \_\_\_\_\_

Signature of the verifying Officer \_\_\_\_\_

Note by Panel Members: