

## EKLAVYA MODEL RESIDENTIAL SCHOOL, G.L PURAM Distt.

## FORMAT FOR PGT AND TGT EMPANELMENT/ENGAGEMENT OF TEACHERS PURELY ON ADHOC BASIS FOR THE SESSION 2025-26

## PART-I

| 1 A   | Application for the post of   | :       |            |                   | _(on Adhoc basis)         |
|---|---|---------|------------|-------------------|---------------------------|
| 2. T  | el.No. (with STD Code)/Mobile no  | ). :    |            |                   |                           |
| 3. E-Mail ID  |   | :       |            |                   | _                         |
| 4. Name   |   | :       |            |                   | Paste Lates passport siz  |
| <ul><li>5. Father's Name</li><li>6. Date of Birth (DD/MM/YYYY) As on 01.07.2025</li></ul> |   | :       |            |                   | photograph<br>of applican |
|   |   | :       |            |                   |                           |
| 7.Full Address for Communication  |   | :       |            |                   | _                         |
| 8. Home District  |   | :       |            |                   |                           |
|   | tategory to which belong: -<br>SEN/SC/ST/PH/OBC/EWS   | :       |            |                   |                           |
|   | Whether the candidate was char Under any crime or any crimina Is pending against the candidate If yes, please provide details | al case |            |                   |                           |
| <b>11.</b> ]  | Educational Qualification:  |         |            |                   |                           |
| S.<br>N.  | Course of Study   |         | Max. Marks | Marks<br>Obtained | % age of marks            |
| 1.  | 10 <sup>th</sup>  |         |            |                   |                           |
| 2.  | Intermediate  |         |            |                   |                           |
| 3.  | Graduate  |         |            |                   |                           |
| 4.  | Post Graduate   |         |            |                   |                           |
| 5.  | B.Ed.   |         |            |                   |                           |
| 6.  | Ph.D.   |         |            |                   |                           |

(Kindly enclose proof in respect of conversion of Grades/CGPA/SGPA into marks.)

Any other Higher Qualification, if any

8.

CTET

**APTET** 

| <b>12.</b> a)   | Experience in Govt. residential   | <u>Duration</u>             |               | Total Period |                |  |  |  |  |
|---|---|-----------------------------|---------------|--------------|----------------|--|--|--|--|
|   | Schools (Attached copy of certificate)  | From                        | To            | Year         | Months         |  |  |  |  |
|   |   |                             |               |              |                |  |  |  |  |
|   |   |                             |               |              |                |  |  |  |  |
|   |   |                             |               |              |                |  |  |  |  |
|   |   |                             |               |              |                |  |  |  |  |
|   |   |                             |               |              |                |  |  |  |  |
|   |   |                             |               |              |                |  |  |  |  |
|   |   |                             |               |              |                |  |  |  |  |
|   |   |                             |               |              |                |  |  |  |  |
| 1. \  | Day Salvada (Cast)  |                             |               |              |                |  |  |  |  |
| <b>b</b> ,  | ) Day Schools (Govt.) (Attached copy of certificate)                          |                             |               |              |                |  |  |  |  |
|   |   |                             |               |              |                |  |  |  |  |
|   |   |                             |               |              |                |  |  |  |  |
|   |   |                             |               |              |                |  |  |  |  |
|   |   |                             |               |              |                |  |  |  |  |
|   |   |                             |               |              |                |  |  |  |  |
|   | stand that this appointment is purely ght of regularization of their services |                             |               |              | hall not claim |  |  |  |  |
| Date:   |   | SIGNATURE O F THE CANDIDATE |               |              |                |  |  |  |  |
|   | PART – II CERTIFICATE (For office use)  |                             |               |              |                |  |  |  |  |
| Certified that I have scrutinized personally the information in Part – I aboriginals and found it to be in order. Candidate is eligible for the post. |   |                             |               |              |                |  |  |  |  |
|   | SIGNATURE OF THE O  | OS/DEALING                  | G ASSISTANT/V | VERIFYING (  | COMMITTEE      |  |  |  |  |
|   | <u>F</u>  | or Office Use               | Only          |              |                |  |  |  |  |
| Documer   | nt are checked and found Correct/Incorrec                                     | et:                         |               |              |                |  |  |  |  |
| If found  | Incorrect then reason:  |                             |               |              |                |  |  |  |  |
| Candida   | te is ineligible/eligible for interview:                                      |                             |               |              |                |  |  |  |  |
| Signatur  | e with name of 1st Checker with date:   |                             |               |              |                |  |  |  |  |

Signature with name of 2<sup>nd</sup> Checker with date: