पीएम श्री केन्द्रीय विद्यालय नामकुम, राँची

फोटोग्राफ

PHOTOGRAPH

PM SHRI KENDRIYA VIDYALAYA NAMKUM , RANCHI

साक्षात्कार में भाग लेने हेतु बायो डाटा फॉर्म (२०२४-२५)

(BIO DATA FORM FOR INTERVIEW) (2024-25)

# (To be filled in Block Letters)

Reg No : ………………………. (Filled by Office)

(एक पद के लिए केवल एक फॉर्म)

पद हेतु बायो डाटा \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIO-DATA FOR THE POST OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. अभ्यर्थी का नाम : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. पिता/पति का नाम: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. जन्म तिथि: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. सामान्य/अनुसूचित जाति/अनुसूचित जनजाति/अन्य पिछड़ा वर्ग/आर्थिक रूप से कमजोर वर्ग/

Whether GEN/SC/ST/OBC/ EWS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. शारीरिक रूप से विकलांग:/Physically Challenge: YES/NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. मोबाइल संख्या: Mobile No.: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. अन्य मोबाइल संख्या: Alternate Mobile No.: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. ई-मेल आई-डी: Email ID: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| परीक्षा का नाम  Name of Exam | | उत्तीर्ण वर्ष  Year of  Passing | मुख्य विषय  Main  Subjects | प्राप्तांक  Marks Obtained | अधिकतम अंक  Maximum Marks | अंकों का प्रतिशत  %age of Marks | श्रेणी  Division | बोर्ड/ विश्वविद्यालय का नाम  Name of Board / University |
| Secondary or X | |  |  |  |  |  |  |  |
| Senior Secondary/PUC | |  |  |  |  |  |  |  |
| JBT/D.El.Ed. | |  |  |  |  |  |  |  |
| BA/BSc/B. Com/BTech | |  |  |  |  |  |  |  |
| M.A./M.Sc./M.Com | |  |  |  |  |  |  |  |
| B.Ed. | |  |  |  |  |  |  |  |
| CTET | Level -1 |  |  |  |  |  |  |  |
| Level -2 |  |  |  |  |  |  |  |
| Any other Qualification |  |  |  |  |  |  |  |  |

1. शैक्षिक योग्यता / Educational Qualifications:
2. अनुभव / Experience:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| क्र. सं.  Sr.  No. | संस्थान का नाम  Name of institution | विषय  Subjects Taught | कक्षा  Classes Taught | से  From | तक  To | कुल अनुभव  Total Experience |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |

1. सह- पाठ्यक्रम गतिविधि/ खेल-कूद/ राष्ट्रीय कैडेट कोर: Co-curricular Activities/Games & Sports/NCC:
2. पत्राचार हेतु पूर्ण पता: Complete Address for Correspondence:

यह प्रमाणित किया जाता है कि ऊपर दी गई जानकारी मेरी जानकारी के अनुसार सत्य है और इसमें कुछ भी छुपाया नहीं गया है | *It is certified that the information given above is true to the best of my knowledge and nothing has been concealed therein.*

Signature of Candidateअभ्यर्थी का हस्ताक्षर:

Name: नाम:

दिनांक/ Date: -

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Only for Office Use** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checked by Verified by :

Signature with date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature with Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

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