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 नामName of Exam | उत्तीर्ण वर्षYear ofPassing | मुख्य विषयMainSubjects | प्राप्तांकMarks Obtained | अधिकतम अंकMaximum Marks | अंकों का प्रतिशत%age of Marks | श्रेणीDivision | बोर्ड/ विश्वविद्यालय का नामName 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_