OFFICE OF THE PRINCIPAL

EKLAVYA MODEL RESIDENTIAL SCHOOL R. UDAYAGIRI

Dist-Gajapati, State-Odisha, Pin-761016, Phone No. 8340190834
(E-mail-emrs_r.udayagiri@rediffmail.com)

Under Ministry of Tribal Affairs (Govt. of India)

Letter No. 55/25/EMRS Date:25.07.2025

WALK-IN-INTERVIEW ADVERTISEMENT

(For engagement of guest teachers purely on a temporary basis for the session 2025-26)

NAME OF POST for EMRS R. Udayagiri :

- TGT Maths, TGT Odia, TGT Music, TGT Arts, TGT Sanskrit, PET (Female) and Computer Teacher.

NAME OF POST for EMRS GUMMA :-

- TGT Hindi, TGT Odia, TGT Music, TGT Arts, TGT Sanskrit, PGT English, PGT Maths, PGT History, PGT Physics. and Computer Teacher.

QUALIFICATION :-

- Bachelor's in the concerned subject (for TGT), Post Graduate in concerned subject (for PGT) with at least 50% marks from any recognized University, B.Ed. and CTET / OSSTET.

AGE LIMIT – 62 Years.

INTERVIEW DATE AND TIME : 07.08.2025 at 9.00 AM

VENUE : KMRS MAHENDRAGARH, GAJAPATI, ODISHA

CONTACT No. 8340190834

E-MAIL : emrs_r.udayagiri@rediffmail.com (SEND RESUME)

SCHOOL WEBSITE :- www.emrsrudayagiri.com

REMUNERATION :

- For T.G.T. / P.G.T. : Rs. 33000/35000 (with qualification as per RR of NESTS) Rs. 29000/31000 (without qualification as per RR of NESTS)

NOTE :- No TA/DA will be provided

i. A set of photo copies of all original certificate and mark sheets should be submitted at the time of interview. ii. Biodata form can be downloaded from official website **www.gajapati.odisha.gov.in** iii. Candidates are requested to report for certificate verification at 9.00 AM.

Sd/-Principal (Dr. Siddhartha Varma), EMRS. R. Udayagiri

BIODATA

1. Post Applied for: _____

PASSPORT SIZE PHOTOGRAPH (FRONT FACING)

2. Name of the Candidate:
3. Date of Birth & age:
4. Father Name:
5. Address of Correspondence: _____
   _____
   _____
6. Address of Permanent: _____
   _____
   _____
7. Contact No. & E-Mail:
8. Education Qualifications (From Class-X onward)

Sl. No	Examination Passed	Board/University	Year of Passing	Total Marks	Secured Marks	% of Marks
1.						
2.						
3.						
4.						
5.						

9. If qualified CTET/ STET:- YES/No _____
10. Experience if any:

Sl.No	Name of the Institution	Period of Service		Post with Designation
		From	To	
1.				
2.				
3.				

I ..... Hereby declare that the above information is true & correct to the best of my knowledge & belief & no member of the selection committees is related to me.

Date: Signature:

Document checked & found correct: Name:
Signature of Verification Committee:
1.

2.