

Annexure - III

**APPLICATION FOR REGISTRATION OF COLLEGE TEACHER
NCTE, BHOPAL**



1. Code No. of the college 222424
2. Name of the college Krishna Shiksha D. Ed
Address with Telephone Nos. College Mau (Bhind)
3408776591
3. Name of the teacher: Belvir Singh Surname/Name Yadav
Sports officer
4. Date of Birth & Age 15-6-1978
5. Educational Qualifications

Degree	Year of Passing	Division/ Percentage of Marks	University	Remarks
Bachelor Degree	<u>2002</u>	<u>I</u>	<u>Jwari</u>	
Post Graduate Degree M.A., M.Sc., M. Ed.	<u>2004</u>	<u>II</u>	<u>"</u>	
B.Ed.	<u>-</u>	<u>-</u>	<u>-</u>	
M.Ed.	<u>-</u>	<u>-</u>	<u>-</u>	
M.Phil./Ph.D.	<u>-</u>	<u>-</u>	<u>-</u>	

6. Home Address of Teacher 14 Saraswati Nagar Gwalior

7. Name of Witness

Name & Address : 1. Belvir Singh
Mau

Belvir Singh
Signature

: 2. Munari Lal
Mau

Munari Lal
Signature

This is to certify that the information given above is true and as per my academic records for which I shall be responsible.

Belvir Singh
Signature of Teacher

Recommendations of the college concerned

I hereby recommend WRC, NCTE to register Shri/Smt./Kt. Yadav who is faculty member of our institution. I also certify the testimonials of the teachers.

[Signature]
अध्यक्ष / सचिव
श्री कमल शिक्षा एवं बाल कल्याण
समिति म्वालय (म.प्र.)

[Signature]
Signature of Principal
(Seal of the collage)
कृष्णा शिक्षा D.Ed. महाविद्यालय
मौ, जिला-बिण्ड (म.प्र.)