

Annexure - III

**APPLICATION FOR REGISTRATION OF COLLEGE TEACHERS IN WRC,  
NCTE, BHOPAL**



1. Code No. of the college 222424
2. Name of the college Krishna Shiksha D. Ed.  
Address with Telephone Nos. College Mau  
9408776591
3. Name of the teacher <sup>aff: 1884</sup> Balvir Singh Surname Name Yadav
4. Date of Birth & Age 7-11-77
5. Educational Qualifications

Degree	Year of Passing	Division/ Percentage of Marks	University	Remarks
Bachelor Degree	1995	58%		
Post Graduate Degree M.A./M.Sc.	1997	61%		
B.Ed.				
M.Ed.				
M.Phil/Ph.D.				

6. Home Address of Teacher Mau - Bohind (M.P.)

7. Name of Witness

Name & Address : 1. Balvir Singh  
Mau

Balvir 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.

Balvir Singh  
Signature of Teacher

Recommendations of the college concerned

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

Shiksha  
Signature of Principal  
(Seal of the collage)

अध्यक्ष / सचिव  
श्री 0 मेज शिक्षा एवं बाल कल्याण  
समिति मालियर (म.प्र.)

कृष्णा शिक्षा  
मौ, जिला-विण्ड (म.प्र.)