

Annexure - III

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



1. Code No. of the college 222424
2. Name of the college Krishna Shiksha W. Ed.  
Address with Telephone Nos. College Mau (Bhind)  
940 877 65 91
3. Name of the teacher Jitendra Singh Surname/Name Bhadoria
4. Date of Birth & Age 1-4-1977
5. Educational Qualifications

Degree	Year of Passing	Division/Percentage of Marks	University	Remarks
Bachelor Degree	1999	57%		
Post Graduate Degree M.A./M.Sc.	2001	45%		
B.Ed.	2005	75%		
M.Ed.				
M.Phil./Ph.D.				

6. Home Address of Teacher 2-20- Bhagat Singh Nagar - Gwal.
7. Name of Witness  
Name & Address : 1. Balveer Singh  
Mau  
Signature Balveer
- : 2. Munari Lal  
Mau  
Signature Munari Lal

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

Jitendra Singh  
Signature of Teacher

Recommendations of the college concerned

I hereby recommend WRC, NCTE to register Shri/Shri./Ms. Bhadoria 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 झालियर (म.प्र.)

[Signature]  
Signature of Principal  
कृष्णा (Seal of the collage)  
मौ, जिला-भिण्ड (म.प्र.)