

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 (Bhind)
9406587791
3. Name of the teacher Mamoj Kumar Surname/Name Bhatele
4. Date of Birth & Age 5-6-1976
5. Educational Qualifications

Degree	Year of Passing	Division/ Percentage of Marks	University	Remarks
Bachelor Degree	2002	II 50.7	Jiwaji	
Post Graduate Degree M.A./M.Sc.	2004	I 60.5	"	
B.Ed.	2006	II 68.1	"	
M.Ed.	-	-	-	
M.Phil./Ph.D.	-	-	-	

6. Home Address of Teacher 51 Shivaji Nagar Gwalior

7. Name of Witness

Name & Address : 1. Balveen Singh
Mau

Balveen
Signature

: 2. Murari Lal
Mau

Murari 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.

Mamoj Kumar
Signature of Teacher

Recommendations of the college concerned

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

Mamoj Kumar
अध्यक्ष / सचिव

श्री कनल शिक्षा एवं बाल कल्याण
समिति म्वालियर (म.प्र.)

Shikha
Signature of Principal
कृष्णा शिक्षा (Seal of the college)
मौ, जिला-भिण्ड (म.प्र.)