

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. College Mau
Address with Telephone Nos. _____
3. Name of the teacher Pushpendra Surname/Name Niranjan
4. Date of Birth & Age 1-1-1986
5. Educational Qualifications

Degree	Year of Passing	Division/Percentage of Marks	University	Remarks
Bachelor Degree	2006	561		
Post Graduate Degree M.A./M.Sc. <u>M. Com.</u>	2008	561		
B.Ed.				
M.Ed.				
M.Phil/Ph.D.				

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

7. Name of Witness

Name & Address : 1. Balbir Singh
Mau

Balbir 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.

Gayatri
Signature of Teacher

Recommendations of the college concerned

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

Gayatri
Signature of Principal
(Seal of the collage)

कृष्णा शिक्षा D.Ed. महाविद्यालय
मौ, जिला-मिण्ड (म.प्र.)

श्री कृष्णा शिक्षा एवं बाल कल्याण
संस्थिति मालियर (म.प्र.)