

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 Ed.
Address with Telephone Nos. College Mau (Bhind)
9408776591
3. Name of the teacher K. Rama Surname/Name Tomar
4. Date of Birth & Age 5-12-1984
5. Educational Qualifications

Degree	Year of Passing	Division/ Percentage of Marks	University	Remarks
Bachelor Degree	2004	II 55	Jiwari	
Post Graduate Degree M.A./M.Sc.	2007	I 60	-do-	
B.Ed.	2006	I 69.1	-do-	
M.Ed.				
M.Phil./Ph.D.				

6. Home Address of Teacher Galla Kothar - Gwalior

7. Name of Witness
- Name & Address : 1. Balveen Singh
Mau
2. Munari Lal
Mau

Balveen
Signature

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.

[Signature]
Signature of Teacher

Recommendations of the college concerned

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

[Signature]
अध्यक्ष / सचिव
श्री क.न.ल शिक्षा एवं बाल कल्याण
समिति ग्वालियर (म.प्र.)

[Signature]
Signature of Principal
(Seal of the college)
कृष्णा शिक्षा एवं बाल कल्याण
समिति ग्वालियर (म.प्र.)
मौ, जिला-भिण्ड (म.प्र.)