

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 20 Ed  
Address with Telephone Nos.: College Mau (Bhind)
3. Name of the teacher: Likharan K.K. Ritu Surname/Name: Agrawal
4. Date of Birth & Age: 1-1-1986
5. Educational Qualifications:

Degree	Year of Passing	Division/ Percentage of Marks	University	Remarks
Bachelor Degree	<u>2005</u>	<u>55%</u>	<u>Jiwaji</u>	
Post Graduate Degree M.A./M.Sc.				
B.Ed: <u>B.Ed.</u>	<u>2007</u>	<u>62%</u>	<u>do</u>	
M.Ed.				
M.Phil/Ph.D.				

6. Home Address of Teacher: Gayatri: Bihar Gwalior

7. Name of Witness:

Name & Address: 1. Balbir Singh  
Mau

Balbir  
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.

Ritu  
Signature of Teacher

Recommendations of the college concerned

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

[Signature]  
अध्यक्ष/साचिव  
श्री कमल शिक्षा एवं बाल कल्याण  
समिति ग्वालियर (म.प्र.)

पाचार्य  
\*Signature of Principal  
(Seal of the collage)  
कृष्णा दि (म.प्र.)  
मौ, जिला-मिण्ड (म.प्र.)