

Annexure-III

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



1. Code No. of the college 222424
2. Name of the college Krushna Shiksha V. Ed.
Address with Telephone Nos. College Mau (Bhind)
940 6587791
3. Name of the teacher: Sanjeev Kumar Surname/Name Wahre
4. Date of Birth & Age 15.6.1978
5. Educational Qualifications

Degree	Year of Passing	Division/ Percentage of Marks	University	Remarks
Bachelor Degree	1999	II 50.3	Jiwaji	
Post Graduate Degree M.A./M.Sc.	2001	I 63.5	-da-	
B.Ed.	2006	I 72.7	-da-	
M.Ed.				
M.Phil/Ph.D.		<u>Doing</u>		

6. Home Address of Teacher: Near Kuber Ashram Gwalior

7. Name of Witness

Name & Address : 1. Balveer Singh Yadav
Mau (Bhind) Signature Balveer

: 2. Munari Lal Yadav
Mau (Bhind) 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.

Sanjeev
Signature of Teacher

Recommendations of the college concerned

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

Kishan Kumar
अध्यक्ष / सचिव

श्री कृष्ण शिक्षा एवं बाल कल्याण
समिति ग्वालियर (म.प्र.)

Sanjeev
Signature of Principal
(Seal of the college)
कृष्ण शिक्षा D.Ed. ग्वालियर
मौ, जिला-मिण्ड (म.प्र.)