

Annexure - III

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



1. Code No. of the college 222424
2. Name of the college Krishna Shiksha V. Ed. College Mau (Bhind)
Address with Telephone Nos. 3408776591 9406587791
3. Name of the teacher: Satish Kadam Surname/Name Kadam
4. Date of Birth & Age 3-4-1972
5. Educational Qualifications

Degree	Year of Passing	Division/Percentage of Marks	University	Remarks
Bachelor Degree	1993	48%	Jwarp	
Post Graduate Degree M.A./M.Sc.	1995	60%	-do-	
B.Ed.	1997	58	-do-	
M.Ed.				
M.Phil/Ph.D.				

6. Home Address of Teacher Lalitpur Colony Gwalior

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

This is to certify that the information given above is true and as per my academic records for which I shall be responsible.

Satish
Signature of Teacher

Recommendations of the college concerned

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

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

[Signature]
Signature of Principal
कृष्णा (Seal of the collage)
मौ, जिला-भिण्ड (म.प्र.)