

### 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 V. Ed.  
Address with Telephone Nos.: College Mau, (Bhind)
3. Name of the teacher: Smt. Shilpa : Surname/Name Jain
4. Date of Birth & Age: 30.6.1976
5. Educational Qualifications

Degree	Year of Passing	Division/ Percentage of Marks	University	Remarks
Bachelor Degree	1996	I 63.8	Jwari	
Post Graduate Degree M.A./M.Sc.	1998	I 55/		
B.Ed.	2004	I 78.5/	-do-	
M.Ed.	2007	I 68.2/	-do-	
M.Phil./Ph.D.				

6. Home Address of Teacher: Kalash Nagar Gwalior

7. Name of Witness

Name & Address : 1. Balvir Singh  
Itan

Signature

: 2. Munaridol  
Mau

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 of Teacher

Recommendations of the college concerned

I hereby recommend WRC, NCTE to register Sri/Smt./Mu. Jain who is faculty member of our institution. I also certify the testimonials of the teachers.

Kiranam  
अध्यक्ष / सचिव

कृष्णा शिक्षा एवं बाल कल्याण  
संस्थान (म.प्र.)

Signature of Principal

(Seal of the college)

कृष्णा शिक्षा U.Ed. महाविद्यालय  
मौ, जिला-भिण्ड (म.प्र.)