iicxuic .

Consolidated Bio-Data in respect of Staff appointed by the institution:-

S. No.	Name	Designatio n	B.Ed % Age	M. Ed / M.A.	PG Subject	NET / SLET/	Date of appointment	Status (regular/ ad hoc/ contract	Scale of pay	Experience	
		-	, , , , ,	Edn % Age	& %age	Ph.D Subject	wpp o mini	44 10 0 / 5 0144 0		Teacher training institution	School

Signature of authorized representative of management / principal

Signature of competent authority Of affiliating body

FORMAT OF AFFIDAVITTO BE SUBMITTED BY THE INSTITUTON

(on Rs. 100 Non-Judicial Stamp paper should be submitted after duly Notarized)

	[,	Resident of .				In the capac	ity of Secre	etary /		
	/ Correspondent / address as in the so						ociety / trus	st with		
1.	with complete a	etary/ Manager / Oddress as in the sfully authorized.								
2.		on Committee fo nment / Universit								
	Name			Statu	ıs in selectioi	1 Committee				
	•									
				_ -						
	•			- -						
	•									
3.	committee havi	wing faculty me ing requisite qua fications and expe	lifications	and exper	rience as pre					
	1 `						Experience			
110 Desi	gnation	ETT (in case of Elementary level)	B.Ed (%age)	M. Ed (%age)	PG (Subject)	NET/SLET/ Ph.D (Subject)	Teacher Training College	School		
4.	4. The staff have joined the duty in the institution and will not be permitted to serve in any other institution on regular / part time / contract basis without appointing eligible teacher / principal and the same will be intimated to NRC-NCTE, Jaipur.									
5.	Administrative down by NCTF	ety / trust has Staff of the requi E/State Government account payee che	site qualifi ent / Affili	ications and ating body	d experience . Salary is b	as per norms	and standar	ds laid		
6.	The details of s	taff appointed sha	all be disp	layed on th	e official wel	osite of the ins	stitution i.e.			
7.	The information	n about the staf	f has been	verified	from the orig	ginal records	submitted	by the		
			<u>Verifi</u>	<u>cation</u>		(Signa	ture of Dep	onent)		
true and of for grant to the Let	f, above named dep correct to the best of Unconditional F ter of Conditional be institution shall be	of my knowledge Recognition as pe Recognition gran	and belied and belied and by nro and by NRo	f. This Af 2) of NCT C vide orde	fidavit is beir E Regulation er No	ng submitted to s dtd 27 th Dec dated and	o the NRC- 05 in comp if any varia	NCTE pliance		
Place :						(Signa	ature of dep	onent)		

FORMAT OF AFFIDAVITTO BE SUBMITTED BY THE STAFF

(on Rs. 10 Non-Judicial Stamp paper should be submitted after duly Notarized)

I, son of / daughter of / wife of / aged

	of the candidate						
Father's							
Date of							
	ent Address with contact No	/ Fax No.					
Educat	ional Qualifications						
Sl.	Degree	College and	Univers	ity	Year	of	% age of marks
No.	, and the second	from where deg	rom where degree obtained				· ·
1	B. Ed.						
2	M. Ed / MA (Education)						
3	PG with subject						
4	NET / SLET / Ph.D						
	ence (in teacher training c	ollege) (Please at	ttach expe	rien	ce certificat	es)	
Name o	of college & Address	From		То		Part time / regular	
	ence (in school) (Please att	_	ertificates			D :	
Name o	of school and address	From		То		Part time / regular	
	I hereby certify, that data s	ubmitted above i	s true to th	a h	act of my k	aovda	dga and baliaf I shall be
			s ilue to il	ie o	est of my ki	iowic	uge and benef. I shall be
responsil	ole for any misrepresentation	of facts.					
	I also certify that I ha	ve been appoi	nted in t	his	institution	as I	Principal / Lecturer in
	•						•
				(Na	ime of colleg	ge / in	stitution will full details).
I also cei	tify that I will not work in a	ny other institution	on after my	joi	ning in this	institu	tion without appointment
	•	-	-	•	•		**
or anem	ate arrangement in the coll	ege and the sam	e will be l	ıntır	nateu to NK	C-INC	TE, Jaipui. The attested
copies of	marks sheets/ degree/ certif	icates are enclose	ed.				

Signature of staff