

APW CODE NO. \_\_\_\_\_

Annexure - I

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

S. No.	Name	Designation	B.Ed % Age	M. Ed / M.A. Edn % Age	PG Subject & %age	NET / SLET / Ph.D Subject	Date of appointment	Status (regular/ ad hoc/ contract)	Scale of pay	Experience		Attached Photograph
										Teacher training institution	School	

Signature of authorized representative of management / principal

Signature of competent authority  
Of affiliating body

**FORMAT OF AFFIDAVIT TO BE SUBMITTED BY THE INSTITUTION**

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

I, ..... son of / daughter of / wife of / ..... aged ..... Resident of ..... In the capacity of Secretary / Manager / Correspondent / trustee of ..... (name of the society / trust with complete address as in the society registration papers) take oath and state as under :-

1. That I am Secretary/ Manager / Correspondent / trustee of ..... (name of the society / trust with complete address as in the society registration papers) and signing this Affidavit on behalf of it for which I am fully authorized.
2. That the selection Committee for appointment of faculty has been constituted as per the policy of the State Government / University / UGC and the following were the Members of the Committee:-

Name	Status in selection Committee
• _____	-
• _____	-
• _____	-
• _____	-
• _____	-

3. That the following faculty members have been appointed by the duly constituted selection committee having requisite qualifications and experience as prescribed in NCTE Regulations. Details of qualifications and experiences are given BELOW .

Sr. No	Name of the staff & Designation	Qualifications					Experience	
		ETT (in case of Elementary level )	B.Ed (%age)	M. Ed (%age)	PG (Subject)	NET/SLET/ Ph.D (Subject)	Teacher Training College	School

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 WRC-NCTE, Bhopal.
5. That the society / trust has appointed required number of Technical Support Staff and Administrative Staff of the requisite qualifications and experience as per norms and standards laid down by NCTE/State Government / Affiliating body. Salary is being paid to the staff members through bank / account payee cheque, as prescribed by NCTE.
6. The details of staff appointed shall be displayed on the official website of the institution i.e. \_\_\_\_\_
7. The information about the staff has been verified from the original records submitted by the candidates and found correct.

(Signature of Deponent)

**Verification**

I, above named deponent do hereby verify that the statement made by me under para (1) to para (6) are true and correct to the best of my knowledge and belief. This Affidavit is being submitted to the WRC-NCTE for grant of Unconditional Recognition as per para 7 (12) of NCTE Regulations dtd 27<sup>th</sup> Dec 05 in compliance to the Letter of Conditional Recognition granted by WRC vide order No. \_\_\_\_\_ dated \_\_\_ and if any variation is found, the institution shall be responsible for it. Nothing is false and nothing is concealed in its.

(Signature of deponent)

Place :  
Date :

**FORMAT OF AFFIDAVIT TO 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  
 ..... Resident of ..... take oath and state my Bio-Data  
 as given below :-

Name of the candidate				
Father's name				
Date of Birth				
Permanent Address with contact No / Fax No.				
<b>Educational Qualifications</b>				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1	B. Ed.			
2	M. Ed / MA (Education)			
3	PG with subject			
4	NET / SLET / Ph.D			
<b>Experience (in teacher training college) (Please attach experience certificates)</b>				
Name of college & Address		From	To	Part time / regular
<b>Experience (in school) (Please attach experience certificates)</b>				
Name of school and address		From	To	Part time / regular

I hereby certify, that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts.

I also certify that I have been appointed in this institution as Principal / Lecturer in  
 ..... (Name of college / institution will full details).

The attested copies of marks sheets/ degree/ certificates are enclosed.

Signature of staff