FORMAT FOR PARTICULARS OF STAFF

| (DPSI (B.EI. | E/D.EI.Ed./D.EI. | Ed.(ODL)/D | tion Progra iploma in Pei Ed./B.Ed. (Part | rforming | | | | | | | | | |
|-----------------|--|-----------------------|---|-------------------------------------|-------------|--|-----------------------------------|--|--|---|--|---------------------------------------|---|
| SI. No. | Name, Father/ Husband Name with Date of Birth | Aadhar Card No. | Self attested Photograph (front) | Whether SC/ST/OBC/other Category | Designation | Please mention the qualification relevant to the post starting from Plus 2, Graduation, Post Graduation and Professional Qualification | | | | | eaching | ar of ence in te in the ment | |
| | | | | | | %age of Marks (Plus 2) | ,%age of Marks (Graduation) | %age of Marks (Post Graduation) | ,%age Of Marks (Professional Degree-I) | ,%age of Marks (Professi onal Degree- II) | NET/ Ph.D (University) (Education/ other subject specify) | Subject of Tea | Number of year of Teaching Experience TEIs / Joining date in current assignmen |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) |
| I. | Teaching Sta | aff | | ı | T | | I | | | T . | T | T | |
| | I | 1 | I | 1 | 1 | | | | | ı | 1 | 1 | 1 |

| II. | Part Time Teaching Staff | | | | | | | | | | | |
|-----|--------------------------|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |

The above appointmenthave been made on the basis of recommendations of the Selection Committee constituted as per the policy of the UGC/the affiliating University/Affiliating Body.

| Name & Signature of the | Name & Counter Signature with Seal of the |
|--|--|
| Authorized Representative of the Institution | Registrar/Competent Authority of the Affiliating Body* |
| Date | |

• Note: The institution shall submit the above list as per the provisions of the NCTE Regulations, 2014 indicating qualification, percentage of marks, teaching experience etc. alongwith attested copy of professional qualification & experience certificate and attested photographs of staff duly countersigned by the competent authority of the affiliating body or endorsement of the same by submitting a written approval of the competent authority of the affiliating body as per the above format.

CERTIFICATE FROM THE MANAGEMENT/GOVT. INSTITUTION

- (i) All appointments are on full-time and regular basis except those specified as part-time as per the NCTE norms. The academic staff of the institution (including part-time staff) is/shall be paid salary in such scale of pay as prescribed by the UGC/Central Govt./State Govt. from time to time through account payee cheque or as per advice into the bank account of employee specially opened for the propose. The supporting staff shall be paid as per the UGC/State Government/Central Government pay scale structure.
- (ii) The management of the institution/Govt. Institution shall discharge the statutory duties relating to pension, gratuity, provident fund, etc. as per law for its employees. The institution shall follow all the norms of the NCTE as amended from time to time.

| | | | Name & | Signa | ture of th | е |
|----------------------|-----------------|-----------|-----------|-------|------------|---|
| Authorized Re | presentative of | of the Ma | nagement/ | Govt. | Institutio | n |

Note:

- (i) A separate sheet of this format shall be used for each recognized teacher education programme exclusively.
- (ii) It may be noted by the teacher education institution that in case of self financed institutions run by private managements under society/trust, the above details shall be signed by the Secretary/President/Chairman of the concerned Management. In case of a Govt./University Department/Aided institution the same shall be signed by the Registrar/Director/Principal/HOD of the institution.