

Annexure - II

**APPLICATION FOR REGISTRATION OF COLLEGE TEACHERS IN WRC.
NCTE, BHOPAL**



1. Code No. of the college : 422
2. Name of the college : SWA. DADASO UNDALE
Address with Telephone Nos. : ADAR YATAR VIDYALAYA UNDALE
3. Name of the teacher : Surname Name : KUMBHAR SANJAY RAJARAM
4. Date of Birth & Age : 13-10-1969
5. Educational Qualifications : A/P DIPLOMA M.A. B. Ed. APPEAR

Degree	Year of Passing	Division/ Percentage of Marks	University	Remarks
Bachelor Degree	1989	66.51	MAHATMA PHULE UNIVERSITY	PASS
Post Graduate Degree	2001	51.70	V. CHAVAN OPEN UNIVERSITY	PASS
M.A./M.Sc.	2004	51.75	SHIVAJI UNIVERSITY	PASS
B.Ed.	APPEAR	APPEAR	V. CHAVAN OPEN UNIVERSITY	APPEAR
M.Ed.	---	---	---	---
M.Phil/Ph.D.	---	---	---	---

6. Home Address of Teacher : A/P - UNDALE
TAL - KARAD. DIST - SATARA

7. Name of Witness
Name & Address : 1. _____

Signature

: 2. _____

Signature

[Signature]
व्यवस्थापक

Signature : ग्रामीण विकास शिक्षण संस्था
उंडाळे, ता. कराड, जि. सातारा

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

[Signature]
Signature of Teacher

Recommendations of the college concerned

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

[Signature]
Signature of Principal
(Seal of the collage)