

Annexure - II

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



1. Code No. of the college *RG. No. 2/TNG/DPRT/P.T.C.6363*
 2. Name of the college *DATE: 20/03/1963/DE.AHMEDABAD*
 Address with Telephone Nos. *N.C.T.E. CODE: 312019 2+44/2/1998*
STREE ADHYAPAN MANDIR,
CHITRASANI, Ta - PALANPUR
 3. Name of the teacher *Pradeepsinh L. Zala*
 Surname Name *(L. Zala)*
 4. Date of Birth & Age *12-04-1968 (39 years)*
 5. Educational Qualifications *M.Sc B.ed.*

Degree	Year of Passing	Division/ Percentage of Marks	University	Remarks
Bachelor Degree <i>B.Sc</i>	<i>1992</i>	<i>II - 48%</i>	<i>Scull-Unti-Rajpur</i>	-
Post Graduate Degree			<i>Scull-Unti-Rajpur</i>	-
M.A./M.Sc.	<i>1994</i>	<i>II - 58%</i>		
B.Ed.	<i>1995</i>	<i>II - 58.4%</i>	<i>SP. Uni. Varanasi</i>	-
M.Ed.				
M.Phil/Ph.D.				

6. Home Address of Teacher *STREE ADHYAPAN MANDIR, CHITRASANI*
Ta - Palampur Dist. Banaskantha
7. Name of Witness
 Name & Address: 1. *Shri D.K. Desai*
Acad. - Chitrasani
Ta - Palampur (B.K.) Signature
2. *Shri B.A. Patel*
Acad. - Chitrasani
Ta - Palampur Dist. B.K. 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]
Signature of Teacher

Recommendations of the college concerned

I hereby recommend WRC, NCTE to register Shri/Smt./Ku. *P.L. Zala* who is faculty member of our institution. I also certify the testimonials of the teachers.

[Signature]
Principal
 Signature of Principal Mandir,
 Chitrasani of the college Palampur (B. K.)