Annexure-II

FORMAT FOR PARTICULARS OF STAFF
(TO BE SUBMITED TO THE SRC, NCTE)

NAME AND ADDRESS OF THE INSTITUTE:

PROGRAMME:

Sl.No.	Name with DoB, AADHAR No. & PAN No.	Attested photograph of the appointed staff	Whether SC/ST/OBC/Other Category	Designation	B.Ed. Yes/No	M.Ed. Yes/No	M.A Education Yes/No	Masters Degree in School subject Yes/No	B.P. Ed.	M.P. Ed	Subject of teaching	PhD (Education): Yes/No If no, Specify the Subject in PhD	Passed UGC NET or Equivalent: Yes/No If yes, Specify the Subject	Teaching Experience in Years	Teaching Experience in recognised school/B.Ed. college	Date of Initial appointment and NCTE regulation under which he or she was appointed	Joining Date in the Institution
					If Yes, % of marks	If Yes, % of marks	If Yes, % of marks	If Yes, % of marks and specify the subject	If Yes, % of marks	If Yes, % of marks							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A. DETAILS OF THE HOD/PRINCIPAL																	
B. DETAILS Of OTHER TEACHING STAFF AS PER NCTE NORMS (Full-time)																	

C. PART TIME Teaching Staff as per NCTE Norms																	

Certificate

1. This is to certify that the appointment of the above teaching staff has been made on the basis of recommendation of the selection committee constituted as per the policy of the UGC/the Affiliating University/Affiliating body.
2. All appointments are on full time and regular basis expect those specified as part-time as per the NCTE norms. The academic staff of the institution (including part-time staff) is paid salary in such scale of pay as prescribed by UGC/University/Affiliating Body from time to time through account payee cheque or as per advice into the bank account of employee specially opened for the purpose. The supporting staff shall be paid as per the UGC/State Govt./Central Govt. pay scale Structure.
3. The management of the institution shall be discharging the statutory duties relating to pension gratuity provident fund etc. for its employees. The institution shall follow all norms of the NCTE amended from time to time.
4. The reservation SC/ST/OBC and other categories have been followed as per Govt. Norms.

Name & Signature of the
Authorized representative of the institution

Name & Counter Signature
with seal of the Registrar/Competent Authority
of the Affiliating Body

Note: Each page of this Performa, duly filled must be signed by the authorized representative of the institution and Registrar/Competent authority of the affiliating body with seal