


FORMAT FOR PARTICULAR OF STAFF TO BE SUBMITTED TO NRC, NCTE, JAIPUR
PARTICULAR OF STAFF

Name and address of the Institution: Vaish College of Education, Rohtak
Course: M.Ed.

| Sr. No. | Name with Date of Birth Age | 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 | Master's Degree in school subject Yes/No | Subject of Teaching | Ph.D. (Education/Specify the subject) Yes/No | Passed UGC NET or equivalent Yes/No | Teaching Experience in Years | Teaching Experience in Recognized School/B.Ed. College (Enclosed experience) | Date of initial appointment and NCTE Regulation under which he or she was | Joining Date | Approved/Not Approved |
|---|---------------------------------|--|------------------------------------|--------------|-----------------------|-----------------------|-------------------------|---|------------------------------|--|-------------------------------------|------------------------------|--|---|--------------|-----------------------|
| | | | | | If yes, %age of Marks | If yes, %age of Marks | If yes, %age of Marks | If yes, %age of Marks & specify the subject | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| I. DETAILS OF TEACHING STAFF | | | | | | | | | | | | | | | | |
| I(A) PRINCIPAL/HOD | | | | | | | | | | | | | | | | |
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| II LECTURERS/TEACHING STAFF (AS PER NCTE NORMS) | | | | | | | | | | | | | | | | |
| 1 | Dr. Kamlesh Dhull 10.12.1970 |  | Gen | Asstt. Prof. | 51.40% | 58.00% | No | M.A. (Sociology) 70.9% M.A. (Psychology) 67% | Teaching of S.S. & Education | Yes Edu. | UGC NET | 23 Years | 10.5 Years in B.Ed. College | 14.02.09 | 09.05.12 | Approved |
| III PART TIME TEACHING STAFF (AS PER NCTE NORMS) | | | | | | | | | | | | | | | | |
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| 2 | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | |

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

Name & Signature of the Authorized Representative of the Institution
Date

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