




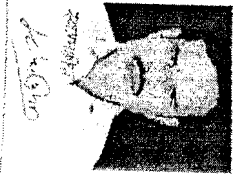
b) Name of faculty and staff in full as mentioned in school certificate along with their qualifications, scale of pay and photograph;


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

Session 2014-15  
Name and address of the Institution: , Acharya Sadashiv Sikhsa Samsthan, Kharrhar, Sipahmaheri, Pratapgarh U.P. Pin code-230304  
Course: B.ed

Sl. No.	Name with Date of Birth Age	Attested photograph of the appointed staff	Whether SC/ST/OBC/other Category	Designation	B.Ed.	M.Ed.	M.A	Master's	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/ BEd. College (Enclose experience certificate from the	Date of initial appointment and NCTE Regulation under which he or she was	Joining Date	Salary bank account number
					Yes/No	Yes/No	(Education) Yes/No	Degree in school subject Yes/No								
(1)	Dr. Rakesh Chandra Dubey, 04-01-1962 age 52		GENERAL	Principal/ HOD	YES, 58.85%	YES, 67.71%	NO	YES, 51% Commerce	Commerce	YES EDUCATION	NO	13 years	Chauri Belha Mahavi dyalaya Tarwan Azang arh U.P.		01-01-2001 to 09-11-2006 5years 10 months 1-11-2006 to 31-01-2014 7years 2months	Bank of Mah arast ra New



5.	Amit Kumar Gupta 01-07-1980 34 years		O B C	TEACHER	YES 72.30%	YES 63.71%	NO	YES BOTANY 55.80%	SCIEN CE	NO	YES	NIL	NA	NA	NA	NA	NA
6.	Dinesh Kumar 20.01.1981 33 YEARS		S C	TEACHER	YES 68.90%	YES 64.83%	NO	YES M.Sc. Maths 52.08%	Mathe matics	NO	YES	NIL	NA	NA	NA	NA	NA
7.	Santosh Kumar Sharma 24.02.1975 39 years		G E N	TEACHER	YES 68.10%	YES 60.33%	NO	YES HINDI 58.58	HINDI	NO	YES	NIL	NA	NA	NA	NA	NA

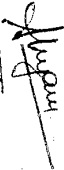
Harj Om		S	TEACHER	YES 64.50 %	YES 58.33	No	YES HISTOR Y 52.23%	Social Science	NO	YES	NIL	NA	NA	NA	NA
20.01.19															
81															
33years															

The above appointment have 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

Authorized Representative of the Institution

Date

Signature:   
 Name: **शरद शर्मा**  
 Address: **राजपुरा, पुराना मंडी, काठमाडौं**

Name & Counter Signature with Seal of the Registrar/Competent Authority of the Affiliating Body\*

Signature: 

**Dr. R.M.L. Avadh University**  
**FAIZABAD.**  
 Registrar

- Note: The institution shall submit the above list as per the provisions of the NCTE Regulations, 2009 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.