

Experience-cum-Employment Certificate

(To be submitted at the time of counseling)

(i) This is to certify that Mr./Ms. _____ has been teaching in this school from _____(DD)_____(MM)_____(YR) to _____(DD)_____(MM)_____(YR).

(ii) His/Her appointment in this school is on full time temporary/permanent basis and teaching the students of class from _____ to _____ in the subjects _____ etc.

(iii) This School is Govt./Govt. aided/unaided and is duly recognized by the central/state government/union territory by virtue of obtaining Registration No. _____ dated _____ from Directorate of Education, _____ (Name of the state) for a period _____/

I hereby undertake that all the information mentioned above are true and the University is empowered to take legal action against me for any wrong information.

Place :

Date : A.....

Signature of Principal/Headmaster/Headmistress

Full Name :

Name of the School

Registration No. of the Institution:.....

Full Address

.....

(Seal /Stamp)

Telephone No.

Email ID of the the School

Certificate to provide facilities for Practical Work

I hereby undertake that the school will provide facilities to Mr.s/Ms. _____ nee ded for carrying practical work for the B.Ed. programme. This school is Secondary/Higher/Senor Secondary School.

Place :

Date :

Signature of Principal/Headmaster/Headmistress

Full Name :

Name of the School

Registration No. of the Institution:.....

Full Address

.....

(Seal /Stamp)

Telephone No.

Email ID of the the School