

राष्ट्रीय अध्यापक शिक्षा परिषद्
(भारत सरकार का एक विधिक संस्थान)



National Council for Teacher Education
(A Statutory Body of the Government of India)

By E-mail / Hand / Speed Post/Fax

Reminder

F. No. NCTE-Ins011/229/2018-Insp Section-HQ / 75319

22nd February, 2019

To,

The Registrar
Pondicherry University
R. Venkataraman Nagar
Kalapet, Puducherry - 605 014.
Email: registrar@pondiuni.edu.in

Sub: Providing name of Experts for Empanelment of Visiting Team Members of NCTE for conducting Inspection of the TEIs.... reg.

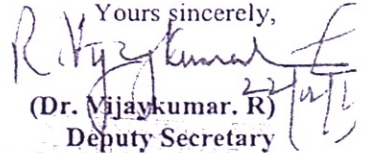
Sir/Madam,

I am directed to refer to our letter of even no. dated 25th January, 2019 on the subject cited above and to once again request you to provide the names of existing faculty in your institution, who are willing to be associated with NCTE, comprising of Professors/Associate Professors and Educational Administrator from your University/Organisation who are in-service as on date in the revised prescribed Format as early as possible. This data is objectively required to make panel of the Visiting Teams for conducting inspection of the institution prior to grant recognition to the courses applied for by the Teacher Education Institution in the country.

A copy of the revised Format is enclosed for providing the requisite information duly verified by the concerned HOD/Dean/Registrar of the University/ Organisation concerned, as the case may be.

This may please be treated as Urgent matter.

Yours sincerely,


(Dr. Vijaykumar. R)
Deputy Secretary

OK

Encl: A copy of revised Format

Wing - II, Hans Bhawan, 1, Bahadur Shah Zafar Marg, New Delhi-110002

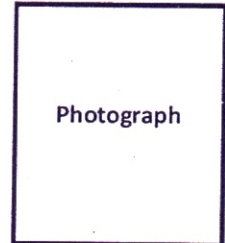
Tel : 011-23370181, Fax : 23370128

E-mail : mail@ncte-india.org Website : <http://www.ncte-india.org>

Revised Format

**BRIEF DETAILS OF EXPERT FOR EMPANELMENT OF VT MEMBER
IN NCTE (OFFLINE)**

Name of the Expert : _____
Date of Birth (DD/MM/YY) : _____
Father's/ Husband's Name : _____
Mobile Number : _____
Email Id : _____
PAN Card Number : _____
Aadhaar Number (If available) : _____
Correspondence Address : _____
Home Address : _____
Pay Scale : _____
Alternative Contact Number : _____



Are you on the panel for inspection of any other organisation? Details:

Have you worked as VT member with NCTE in the past? Details:

Are you willing to work as VT Member of NCTE? (YES/NO)

Academic Qualification (Chronologically):

Examination	University	Year of Passing	Specialization(s)	Subjects Studied

Professional Qualification (Chronologically):

Examination	University	Year of Passing	Specialization(s)	Subjects Studied

Work Experience (Minimum 10 years) in Education/ Teacher Education/ Administration (Chronologically):

Designation	Employer's Name	Address	Type of Institution	Name of teacher Education Program worked for	Start date	End Date

Declaration:

I declare that the foregoing information is correct to the best of my knowledge and belief and nothing has been concealed/distorted. If any time, I am found to have concealed/distorted any information, my empanelment for VT membership shall be liable to terminate without notice. I will, if and when required, take up duty in the discharge of inspection of TEIs assignment anywhere in India, I certify that none of my family members has any direct interest in the running/administration of any TEI in the country. I also declared that there is no vigilance/criminal case pending against me.

Place : _____

Date : _____

(Signature of the Expert)

Counter Signature with seal of the verifying Authority i.e. HOD/Dean/Registrar