

राजस्थान RAJASTHAN

AFFIDAVIT

CM 305564

I, **Dr. Manoj Kumari Meel** D/O **Lala Ram Meel** aged **43** Resident of **Kuchaman City, Didwana-Kuchaman** take oath and state my Bio -Data as given below

Name of the candidate		Dr. Manoj Kumari Meel		
Father's Name		Lala Ram Meel		
Date of Birth		01/08/1983		
Permanent Address with contact No./Fax No.		Kuchaman City-341508 Rajasthan, 9549656712		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	MDSU, Ajmer	2007	62.20 %
2.	M.Ed./MA (Education)	Barkatullah Vishwavidyalaya, Bhopal	2011	67.14 %
3.	PG with subject Political Science	MDSU, Ajmer	2009	55.33 %
4.	NET/SLET/ Ph.D.	Ph.D. in Education (JVWU University Jaipur)	2015	AWARDED
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
B .R. Khokhar Memorial Shikshak Prashikshan Mahavidyalaya, Kuchaman City		10/01/2016	TO 25/04/2026	Regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **PRINCIPAL /HEAD OF DEPARTMENT (HOD) ITEP Course in B. R. KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, Kuchaman City.** I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

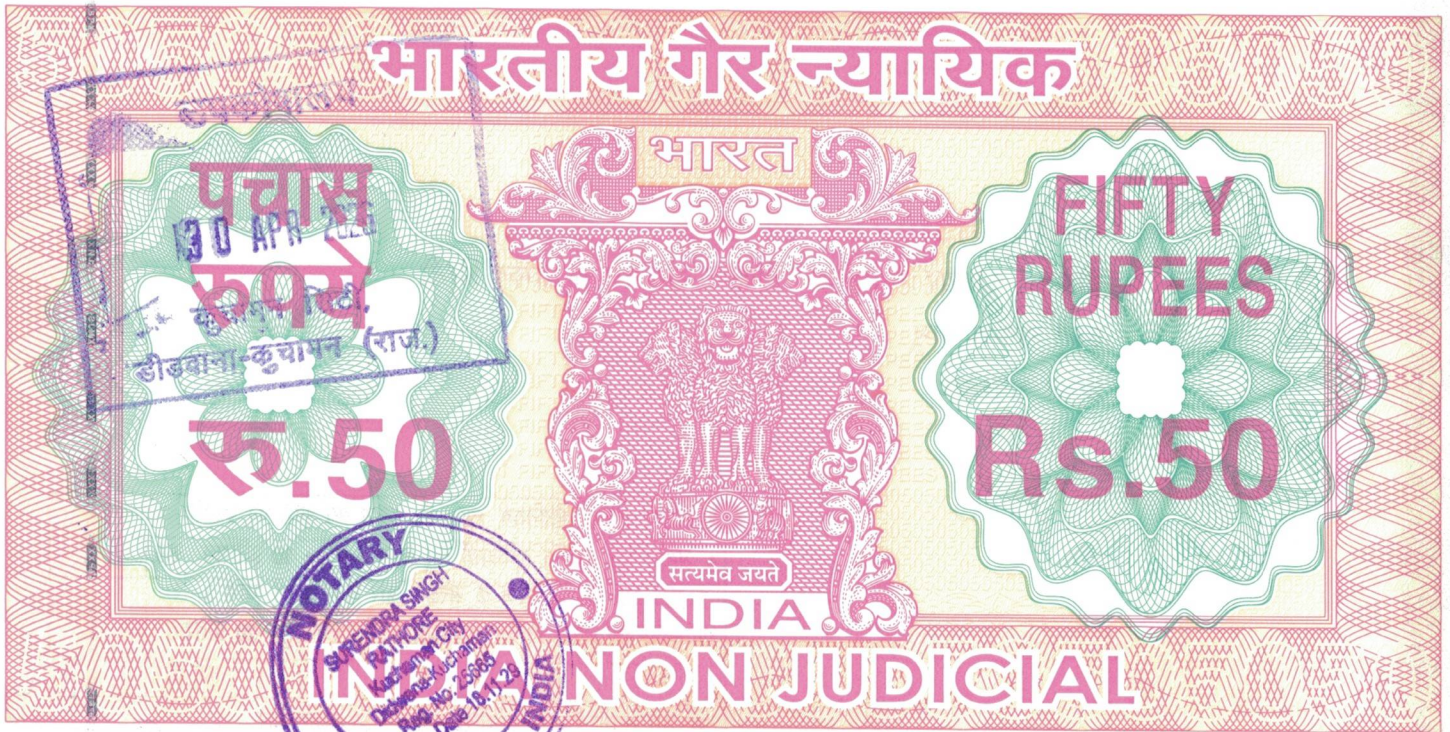
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Manoj
Signature of staff

SURENDRA SINGH RATHORE
NOTARY PUBLIC
Kuchaman City (Raj.)

29/5/21



राजस्थान RAJASTHAN

AFFIDAVIT

CM 305565

I, **Dr. Suman Choudhary** D/O **Sriniwas Choudhary** aged 31 Resident **Pooranpura, Sikar** take oath and state my Bio -Data as given below

Name of the candidate		Dr. Suman Choudhary		
Father's Name		Sriniwas Choudhary		
Date of Birth		08/08/1995		
Permanent Address with contact No./Fax No.		Pooranpura, Sikar, 01586-294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	University of Rajasthan, Jaipur	2020	81.50 %
2.	M.Ed./MA (Education)	-	-	-
3.	PG with subject Mathematics	IIS University, Jaipur, Mathematics	2018	74.70 %
4.	NET/SLET/Ph.D.	Apex University, Jaipur, Mathematics	2025	AWARDED
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor Mathematics** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

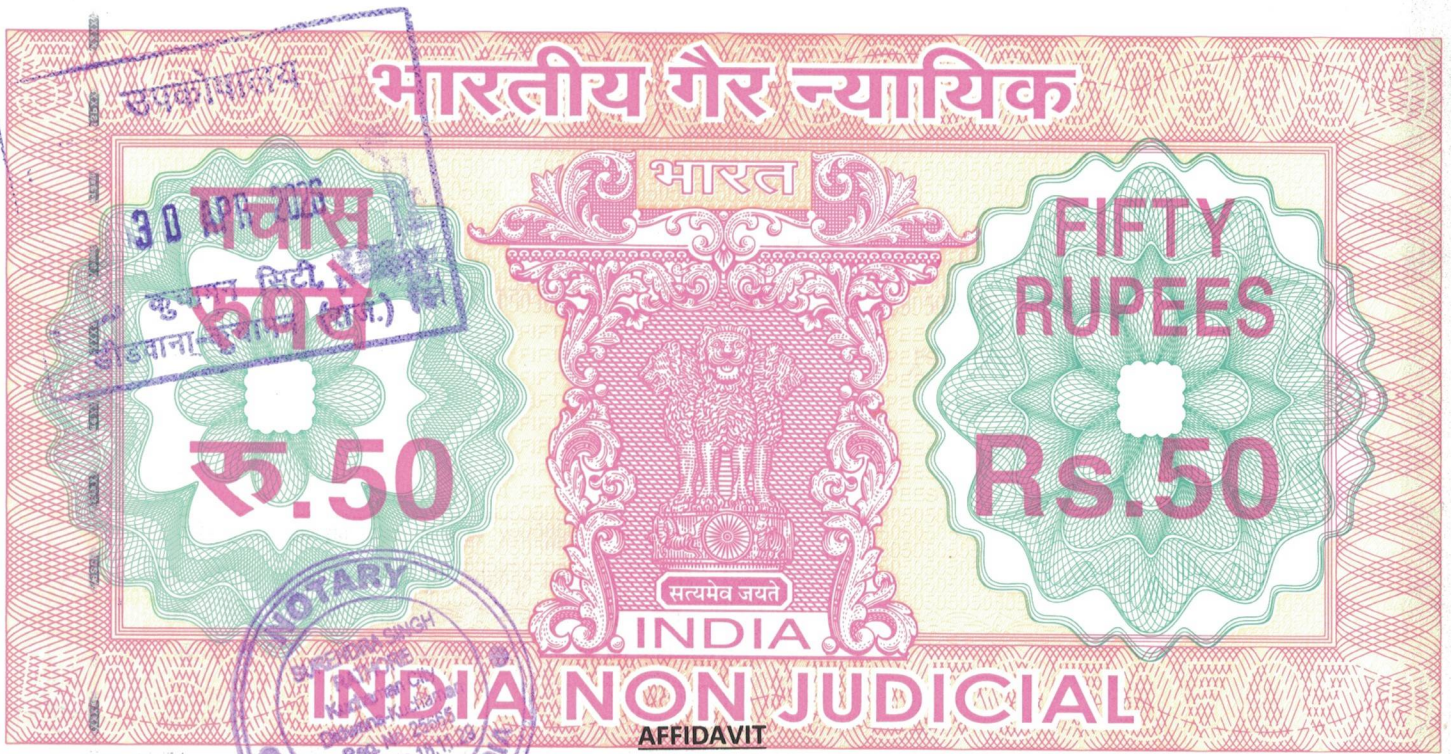
ATTESTED

(Signature)

Suman
Signature of staff

SURENDRA SINGH RATHORE
NOTARY PUBLIC
Kuchaman City (Raj.)

23/5/24



राजस्थान RAJASTHAN

CM 305566

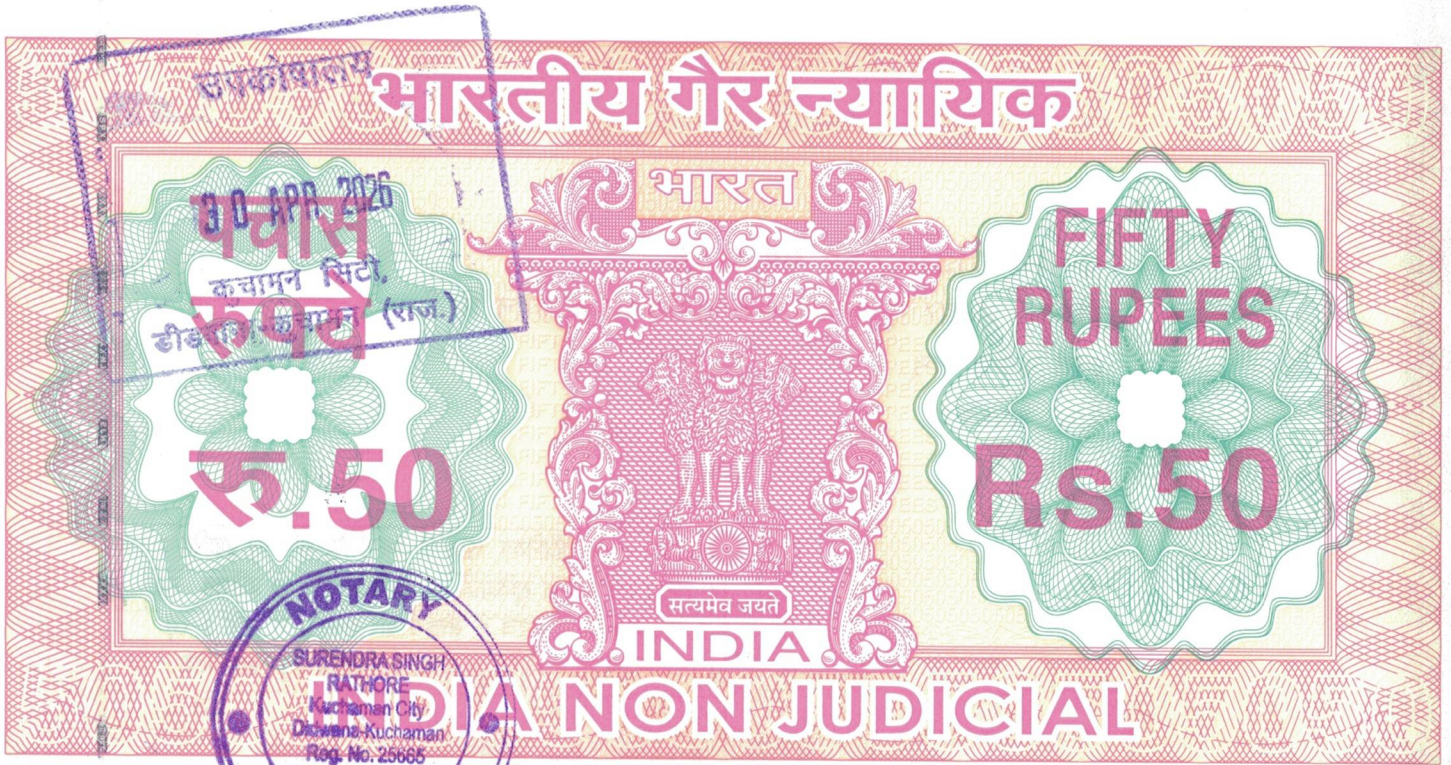
I, **Dr. Ankita Jangid** D/O **Pukh Raj Jangid** aged 32 Resident **Kuchaman City, Nagaur** take oath and state my Bio -Data as given below

Name of the candidate		Dr. Ankita Jangid		
Father's Name		Pukh Raj Jangid		
Date of Birth		10-03-1994		
Permanent Address with contact No./Fax No.		Kuchaman City, Nagaur,05186294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	MDSU, AJMER	2015	81.30 %
2.	M.Ed./MA (Education)	-	-	-
3.	PG with subject Physics	UOR,JAIPUR,PHYSICS	2017	70.75 %
4.	NET/SLET/Ph.D.	UGC NET PHYSICS	2020	Qualified
5.	Ph.D.	MNIT, JAIPUR Ph.D. in Physics	2025	AWARDED
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor PHYSICS** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

SURENDRA SINGH RATHORE
NOTARY PUBLIC
Kuchaman City (Raj.)
 29/3/24

अंकिता
 Signature of staff



राजस्थान RAJASTHAN

CM 305567

AFFIDAVIT

I, **Dr. Priyanka Deg** D/O **Rajendra Singh Deg** aged **48** Resident **Mansarovar Jaipur** take oath and state my Bio -Data as given below

Name of the candidate		Dr. Priyanka Deg		
Father's Name		Rajendra Singh Deg		
Date of Birth		30-07-1978		
Permanent Address with contact No./Fax No.		Mansarovar Jaipur ,05186294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	Jiwaji University, Gwalior	2006	76.70
2.	M.Ed./MA (Education)	-	-	-
3.	PG with subject Chemistry	UOR,Jaipur, Chemistry	2003	59.41 %
4.	NET/SLET/Ph.D	JIT University ,Jhunjhunu Ph.D. in Chemistry	2015	Awarded
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

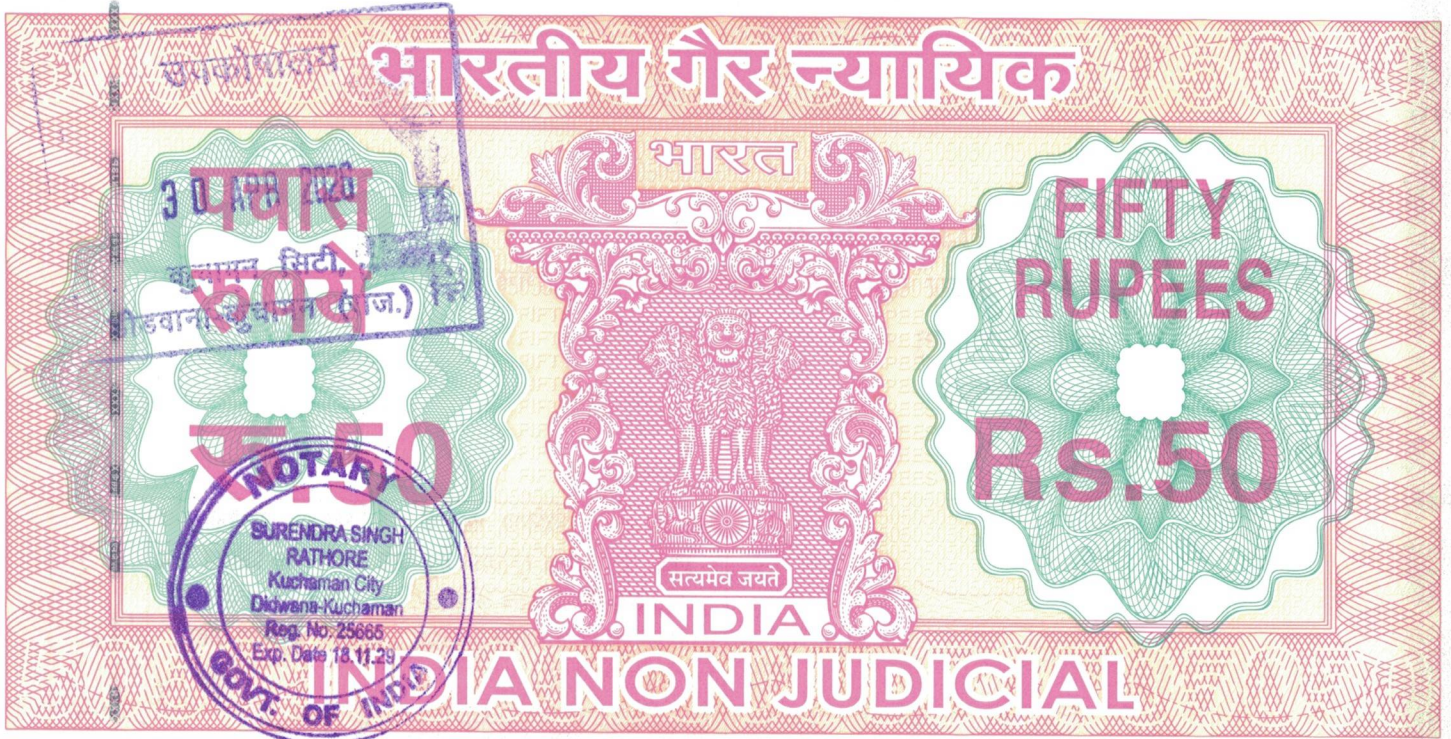
I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor CHEMISTRY** in (ITEP Course) **B. R. KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

ATTESTED

(Signature)

SURENDRA SINGH RATHORE
NOTARY PUBLIC
Kuchaman City (Raj.)
29/3/26

Priyanka
Signature of staff



राजस्थान RAJASTHAN

AFFIDAVIT

CM 305568

I, **Dr. Sanju Choudhary** D/O **Laxman Ram** aged 31 Resident **Basant Vihar, Sikar** take oath and state my Bio -Data as given below

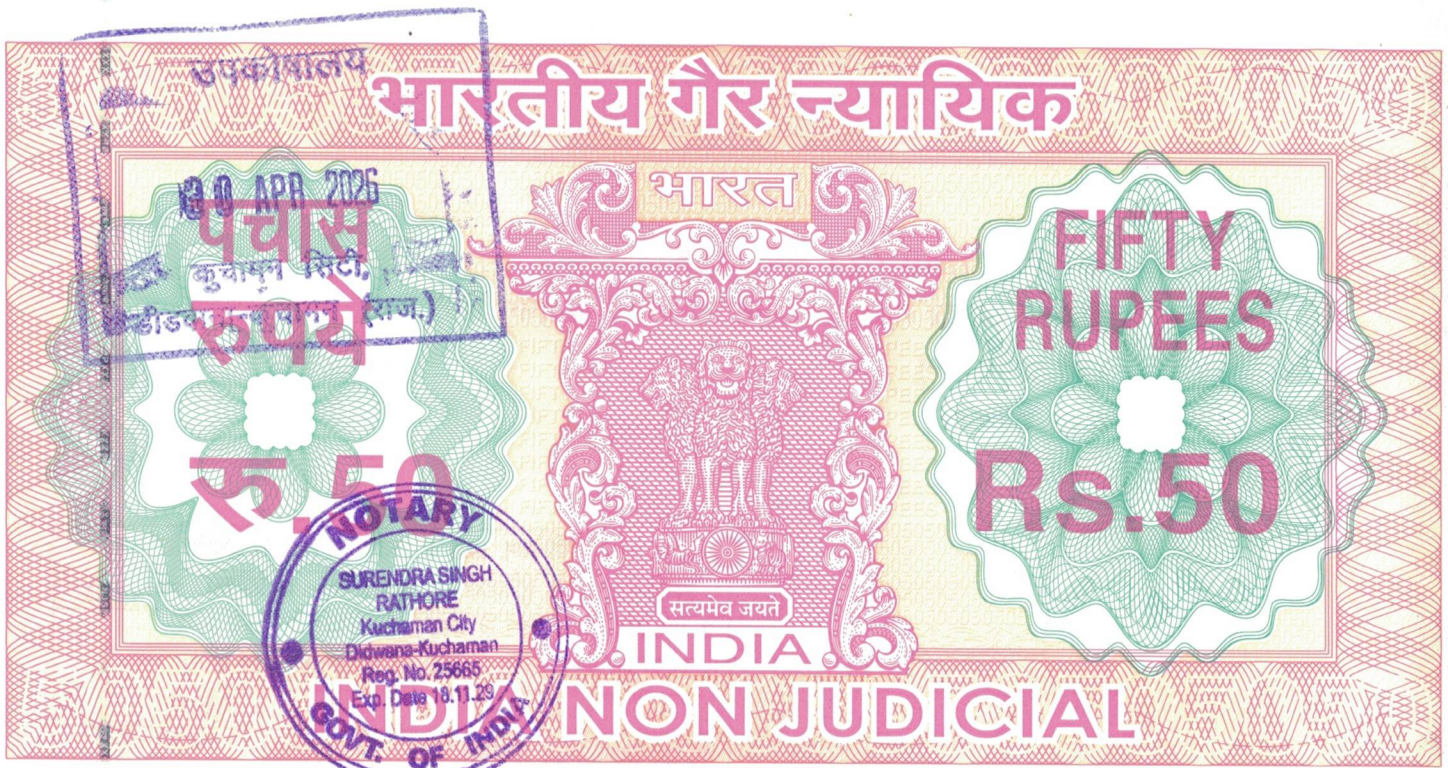
Name of the candidate		Dr. Sanju Choudhary		
Father's Name		Laxman Ram		
Date of Birth		05/05/1995		
Permanent Address with contact No./Fax No.		Basant Vihar, Sikar, 05186294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	UOR, JAIPUR	2013	75.88 %
2.	M.Ed./MA (Education)	-	-	-
3.	PG with subject	UOR, JAIPUR, ZOOLOGY	2016	59.62 %
4.	NET/SLET/Ph.D.	PAHERU, UDAIPUR Ph.D. in ZOOLOGY	2026	AWARDED
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor ZOOLOGY** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

SURENDRA SINGH RATHORE
NOTARY PUBLIC
 Kuchaman City (Raj.)


 Signature of staff

२७/५/२५



राजस्थान RAJASTHAN

AFFIDAVIT

CM- 305534

I, **Nola Ram Choudhary** S/O **Parma Ram** aged 27 Resident **Lichana, Nagaur** take oath and state my Bio - Data as given below

Name of the candidate		Nola Ram Choudhary		
Father's Name		Parma Ram		
Date of Birth		15/07/1999		
Permanent Address with contact No./Fax No.		Lichana, Nagaur,05186294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	PDUSU,SIKAR	2023	76.44 %
2.	M.Ed./MA (Education)	-	-	-
3.	PG with subject	MDSU,AJMER, BOTANY	2020	70.79 %
4.	NET/SLET/Ph.D.	CSIR UGC NET, Life Sciences	2021	Qualified
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

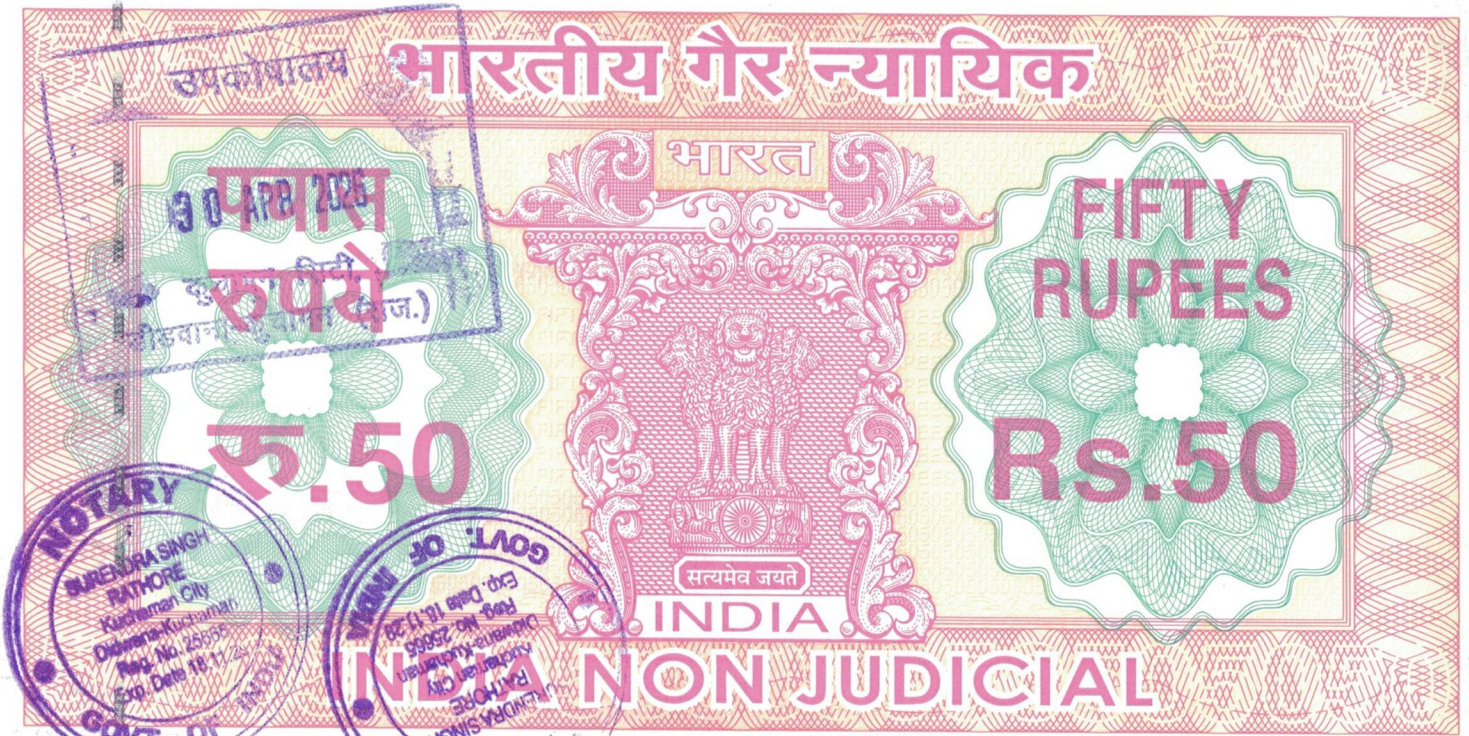
I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor BOTANY** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

ATTESTED

SURENDRA SINGH RATHORE
NOTARY PUBLIC
Kuchaman City (Raj.)

20/5/24

Nolaram
Signature of staff



राजस्थान RAJASTHAN


AFFIDAVIT

CM 305535

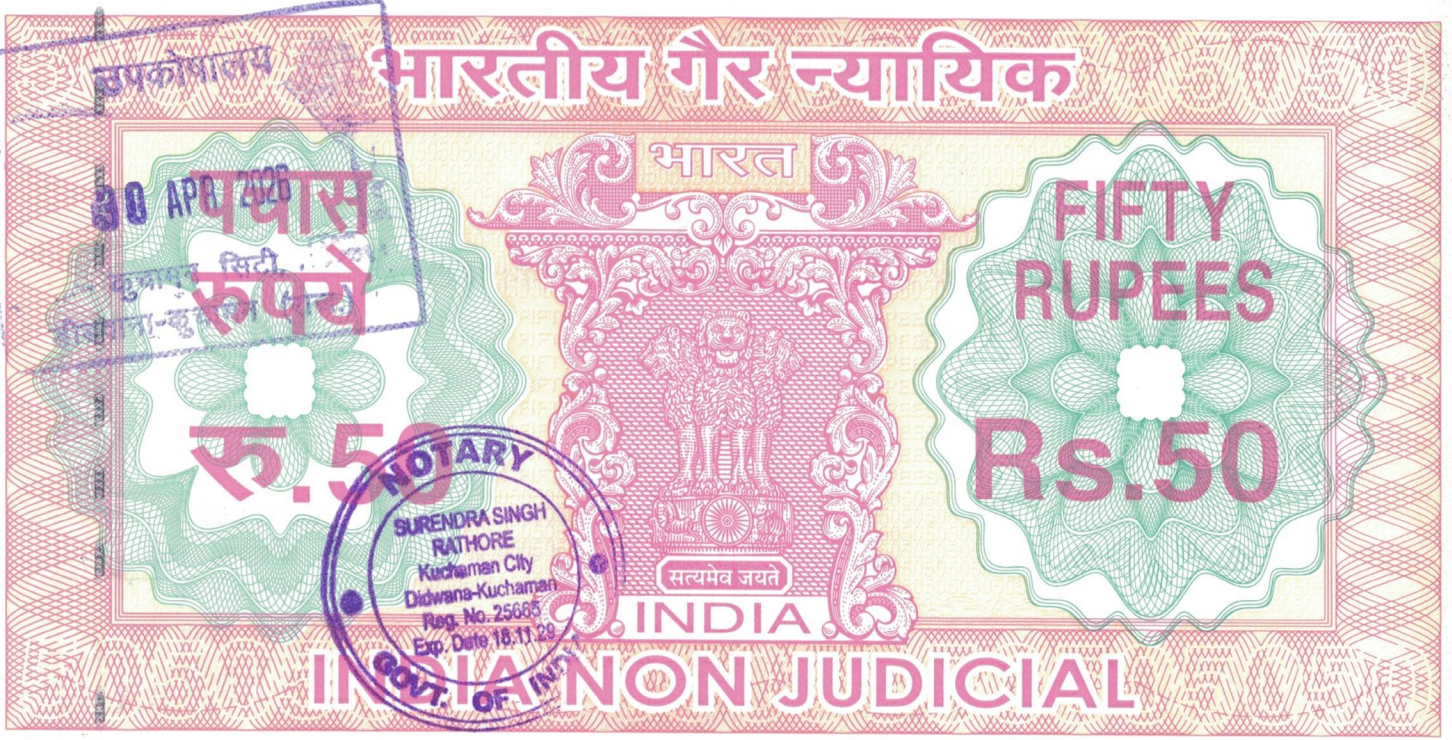
I, **Anju Kumari D/O Anil Kumar** aged 32 Resident **Anoopshahar, Hanumagarh, Rajasthan** take oath and state my Bio -Data as given below

Name of the candidate		Anju Kumari		
Father's Name		Anil Kumar		
Date of Birth		27/12/1994		
Permanent Address with contact No./Fax No.		Anoopshahar, Hanumagarh, Rajasthan, 05186294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	PDUSU, SIKAR	2019	79.77 %
2.	M.Ed./MA (Education)	-	-	-
3.	PG with subject	VMOU, KOTA, ENGLISH	2020	59.33 %
4.	NET/SLET/Ph.D.	UGC NET ENGLISH	2023	Qualified
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify, that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor, Communicative Skills in ENGLISH** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.


SURENDRA SINGH RATHORE
 NOTARY PUBLIC
 Kuchaman City (Raj.)
 29/11/23


 Signature of staff



राजस्थान RAJASTHAN

AFFIDAVIT

CM 305536

I, **Dr.Mamta D/O Balbeer Singh** aged 34 Resident **Rampura, Sikar** take oath and state my Bio -Data as given below

Name of the candidate		Dr. Mamta		
Father's Name		Balbeer Singh		
Date of Birth		10/06/1992		
Permanent Address with contact No./Fax No.		Rampura, Sikar,01586294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	UOR,JAIPUR	2014	78.44 %
2.	M.Ed./MA (Education)	-	-	-
3.	PG with subject	UOR,JAIPUR, HINDI	2016	65.77 %
4.	NET/SLET/Ph.D.	JVWU,JAIPUR, Ph.D. in HINDI	2026	AWARDED
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor** Communicative Skills in **HINDI** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

ATTESTED

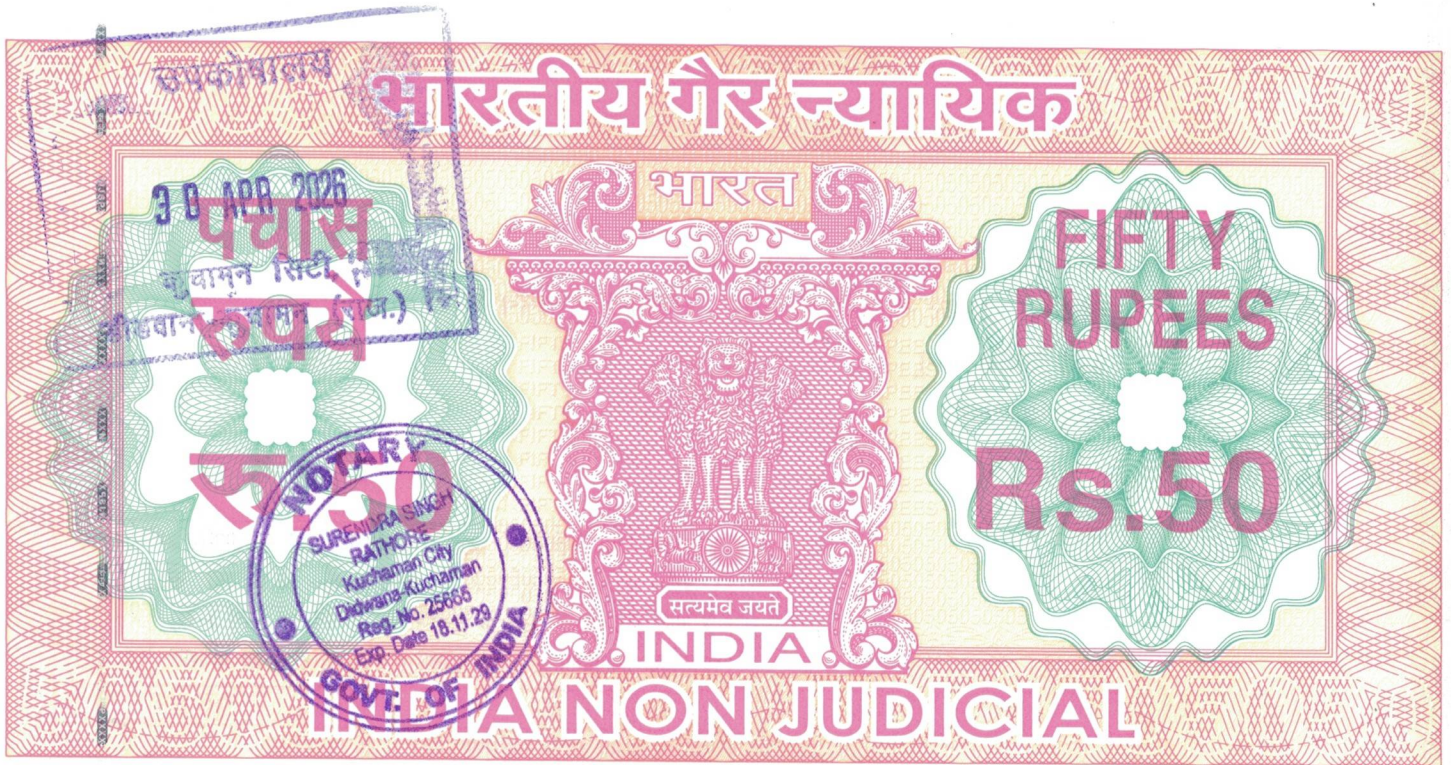
Signature

SURENDRA SINGH RATHORE
NOTARY PUBLIC

Kuchaman City (Raj.)

29/5/26

Mamta
Signature of staff



राजस्थान RAJASTHAN

AFFIDAVIT

CM 305537

I, **Dr.Sushila Rathi** D/O Parsa Ram Rathi aged 34 Resident **Vaishali Nagar, Jaipur** take oath and state my Bio -Data as given below

Name of the candidate		Dr. Sushila Rathi		
Father's Name		Parsa Ram Rathi		
Date of Birth		22/02/1992		
Permanent Address with contact No./Fax No.		Vaishali Nagar, Jaipur,01586294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	MDSU,AJMER	2020	66.44 %
2.	M.Ed./MA (Education)	CRSU,JIND	2022	63.30 %
3.	PG with subject	VMOU,KOTA, SOCIOLOGY	2017	72.78 %
4.	NET/SLET/Ph.D.	JVWU,JAIPUR, Ph.D. in Education	2026	AWARDED
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor EDUCATION STUDIES** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

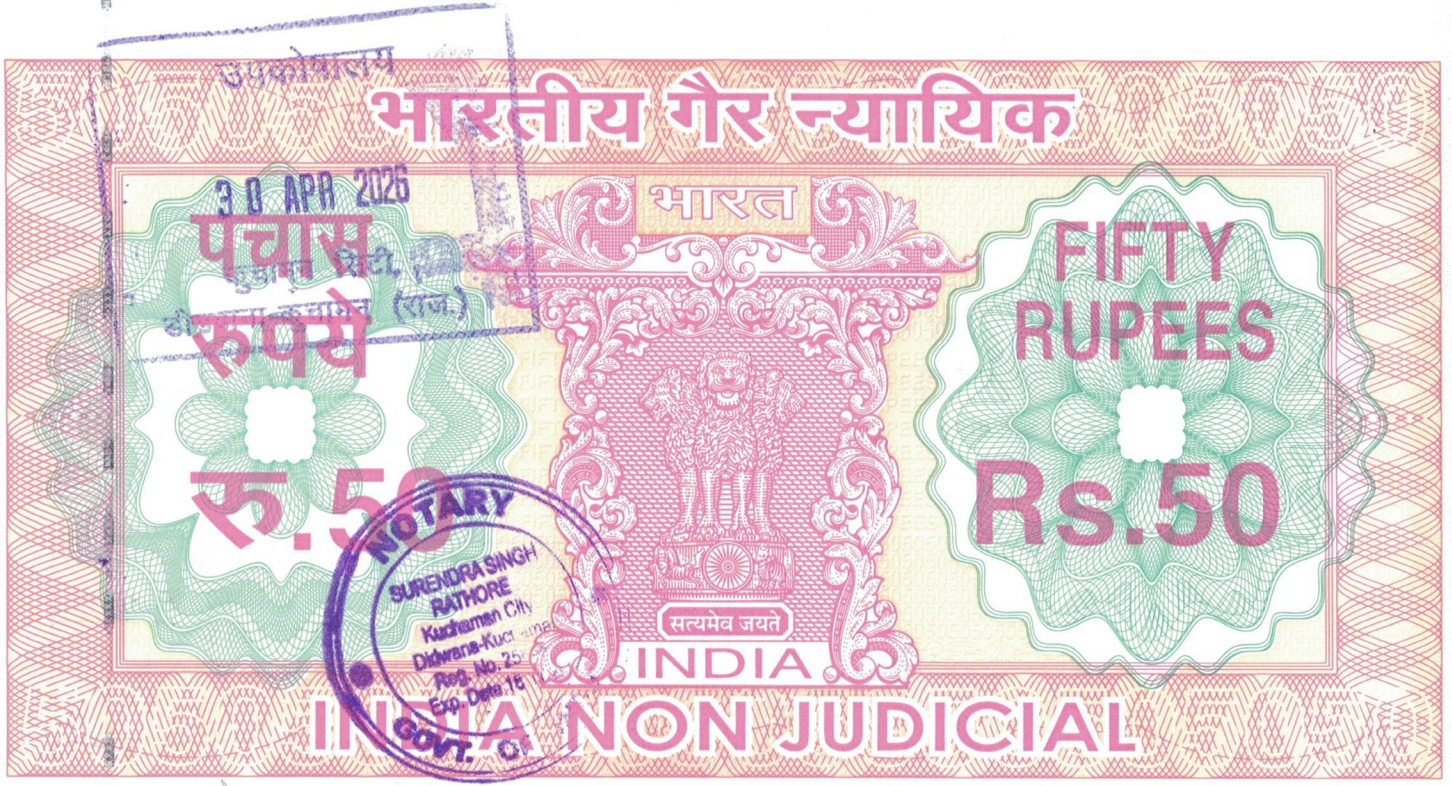
ATTESTED

[Handwritten Signature]

Sushila
Signature of staff

SURENDRA SINGH RATHORE
NOTARY PUBLIC
Kuchaman City (Raj.)

20/1/24



राजस्थान RAJASTHAN

AFFIDAVIT

CM 305538

I, **Dr. Jhabr Mal Jat S/O Bega Ram Jat** aged 45 Resident **Vaishali Nagar, Jaipur, Rajasthan** take oath and state my Bio -Data as given below

Name of the candidate		Dr. Jhabr Mal Jat		
Father's Name		Bega Ram Jat		
Date of Birth		05/08/1981		
Permanent Address with contact No./Fax No.		Vaishali Nagar, Jaipur, Rajasthan, 01586294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	MDSU, AJMER	2018	63.88 %
2.	M.Ed./MA (Education)	CRSU, JIND	2022	62.95 %
3.	PG with subject	MDSU, AJMER, SANSKRIT	2005	56.55 %
4.	NET/SLET/Ph.D.	JVWU, Jaipur Ph.D. in EDUCATION	2026	Awarded
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor, EDUCATION STUDIES** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

ATTESTED

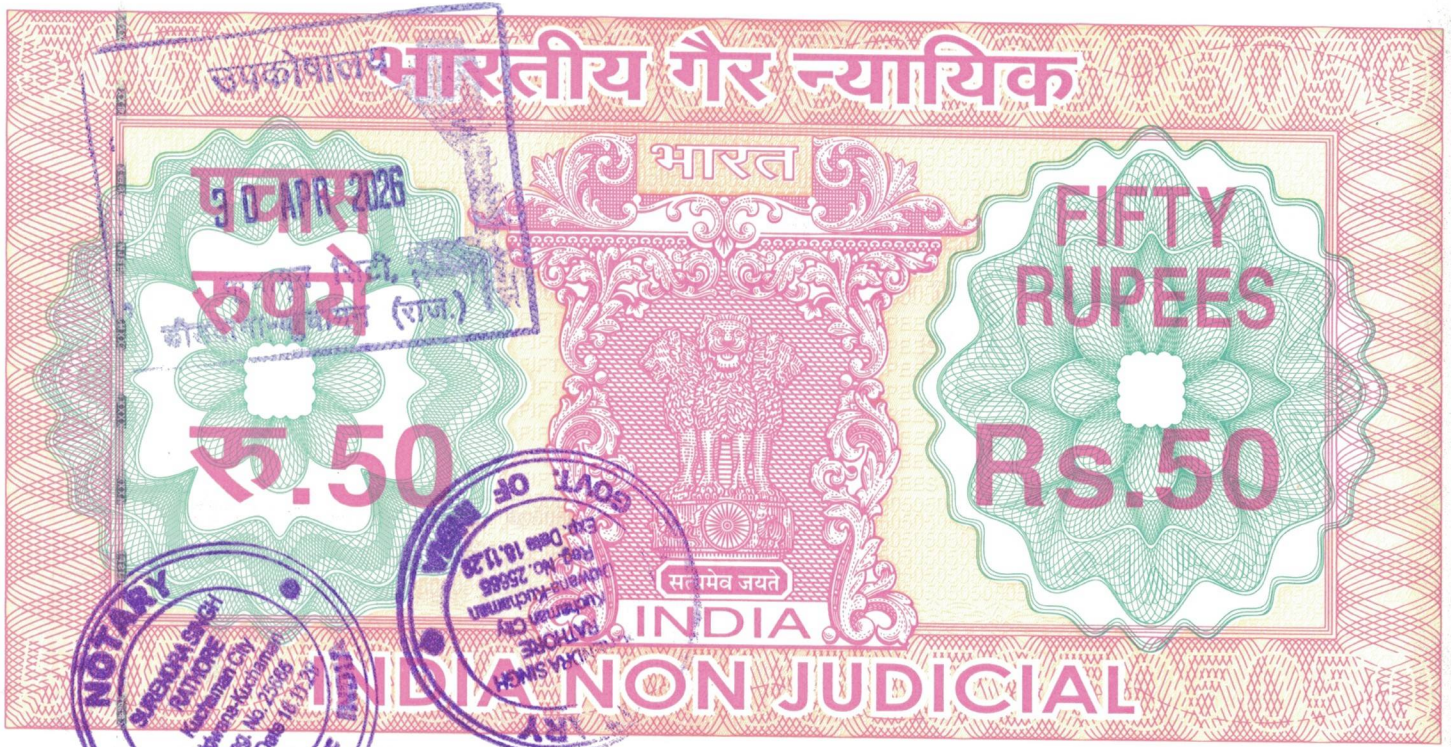
(Signature)

SURENDRA SINGH RATHORE
NOTARY PUBLIC

Kuchaman City (Raj.)

29/5/24

(Signature)
Signature of staff



राजस्थान RAJASTHAN

AFFIDAVIT

CM 305539

I, **Sunil Vaishnav** S/O **Ramswroop Vaishnav** aged 33 Resident **Alatawa , Nagaur** take oath and state my Bio -Data as given below

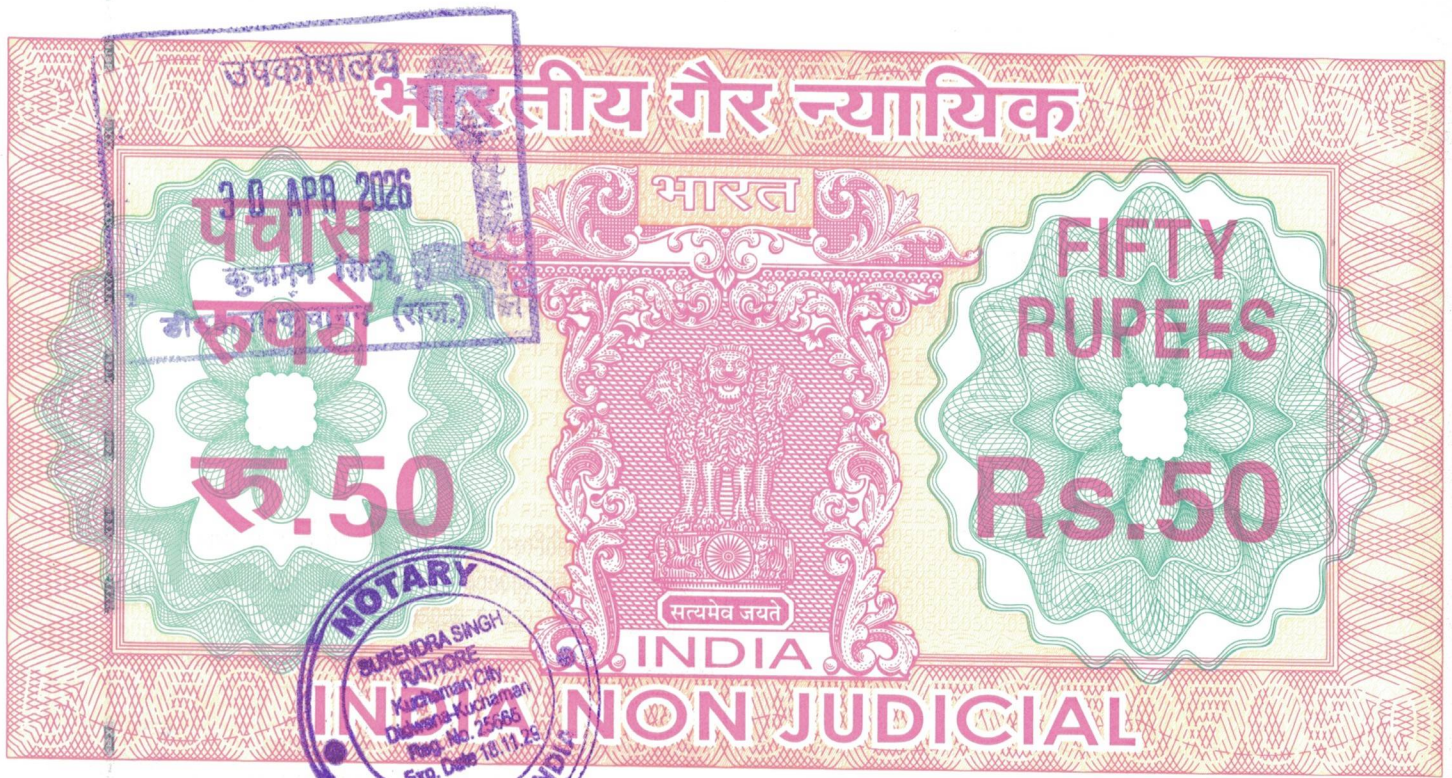
Name of the candidate		Sunil Vaishnav		
Father's Name		Ramswroop Vaishnav		
Date of Birth		08/08/1993		
Permanent Address with contact No./Fax No.		Alatawa, Nagaur,01586294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	MDSU,AJMER	2014	72.60 %
2.	M.Ed./MA (Education)	-	-	-
3.	PG with subject	MDSU,AJMER, HISTORY	2024	61.22 %
4.	NET/SLET/Ph.D.	UGC NET History	2024	Qualified
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor HISTORY** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

SURENDRA SINGH RATHORE
NOTARY PUBLIC
Kuchaman City

Signature of staff

29/11/24



राजस्थान RAJASTHAN

GOVT. OF INDIA

AFFIDAVIT

CM 305517

I, **Dr.Priyanka Choudhary** D/O **Ishwar Singh** aged 30 Resident **Vaishali Nagar, Jaipur** take oath and state my Bio -Data as given below

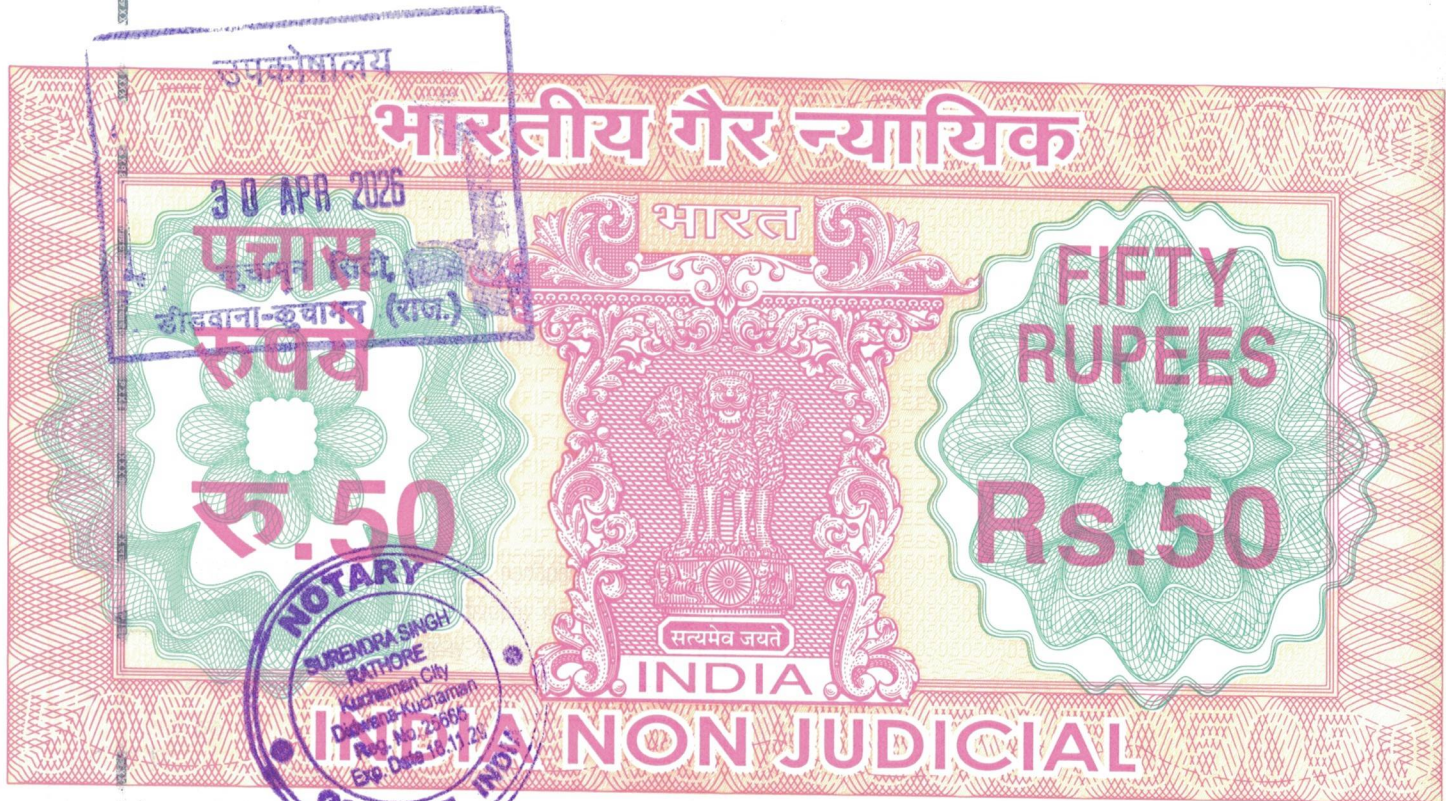
Name of the candidate		Dr.Priyanka Choudhary		
Father's Name		Ishwar Singh		
Date of Birth		10/10/1996		
Permanent Address with contact No./Fax No.		Vaishali Nagar, Jaipur,01586294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	PDUSU,SIKAR	2020	74.16 %
2.	M.Ed./MA (Education)	CRSU,JIND	2022	65.10 %
3.	PG with subject	UOR,JAIPUR, GEOGRAPHY	2018	55.00 %
4.	NET/SLET/Ph.D.	JVWU,JAIPUR, Ph.D. in Geography	2026	Awarded
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor GEOGRAPHY** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

SURENDRA SINGH RATHORE
NOTARY PUBLIC
Kuchaman City (Raj.)

Priyanka
Signature of staff

29/5/26



राजस्थान RAJASTHAN

AFFIDAVIT

CM 305518

I, **Suneeta Choudhary** D/O **Hema Ram Ranwa** aged 34 Resident **Vaishali Nagar, Jaipur** take oath and state my Bio -Data as given below

Name of the candidate		Suneeta Choudhary		
Father's Name		Hema Ram Ranwa		
Date of Birth		02/06/1992		
Permanent Address with contact No./Fax No.		Vaishali Nagar, Jaipur,05186294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	MDSU,AJMER	2014	70.80 %
2.	M.Ed./MA (Education)	-	-	-
3.	PG with subject	UOR,JAIPUR, POLITICAL SCIENCE	2013	57.33 %
4.	NET/SLET/Ph.D.	UGC NET, POLITICAL SCIENCE	2014	Qualified
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

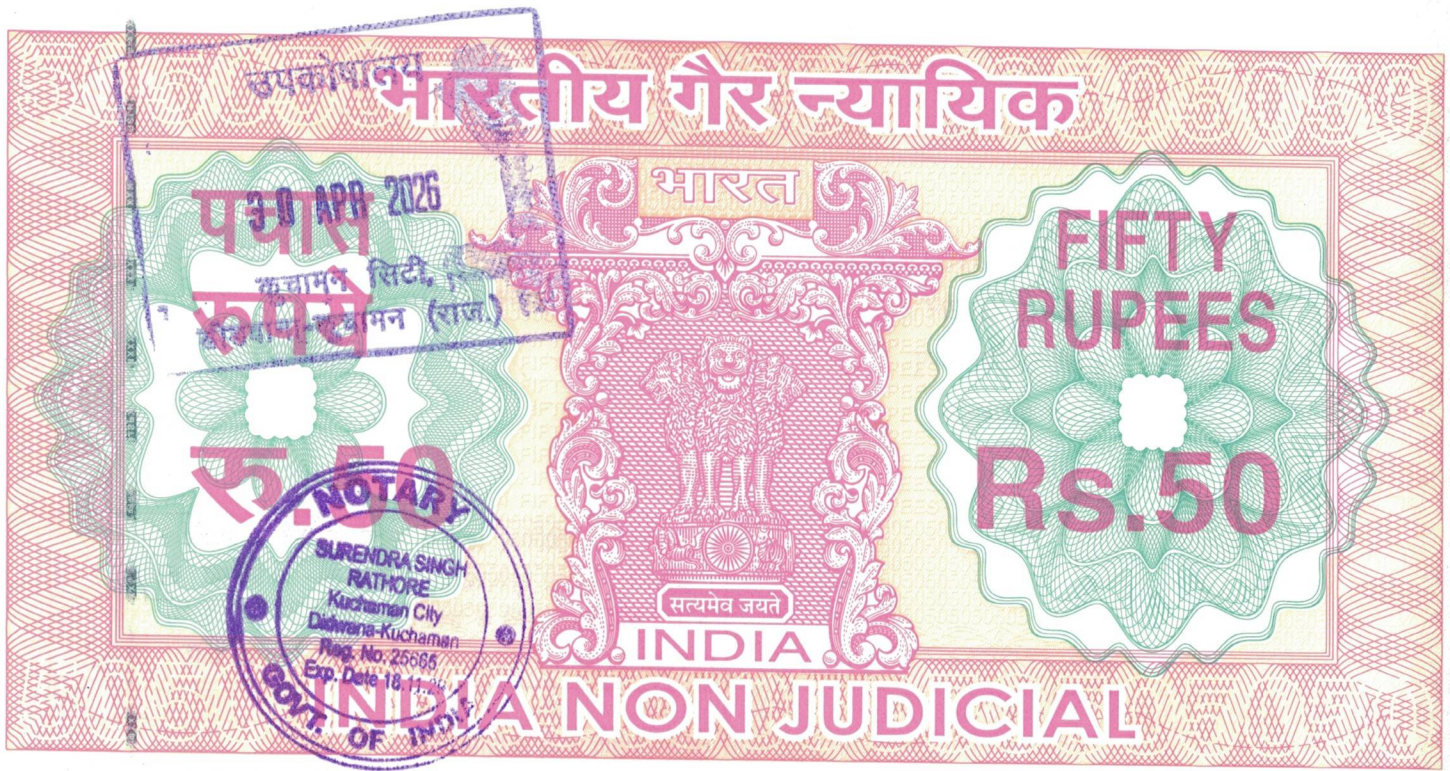
I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor, POLITICAL SCIENCE** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

ATTESTED

Suneeta

Suneeta
Signature of staff

SURENDRA SINGH RATHORE
NOTARY PUBLIC
Kuchaman City (Raj.)
29/5/26



राजस्थान RAJASTHAN

AFFIDAVIT

CM 305519

I, **Dr. Suman Kumari** D/O **Kharag Singh** aged 35 Resident **Parkham, Mathura, Uttar Pradesh** take oath and state my Bio -Data as given below

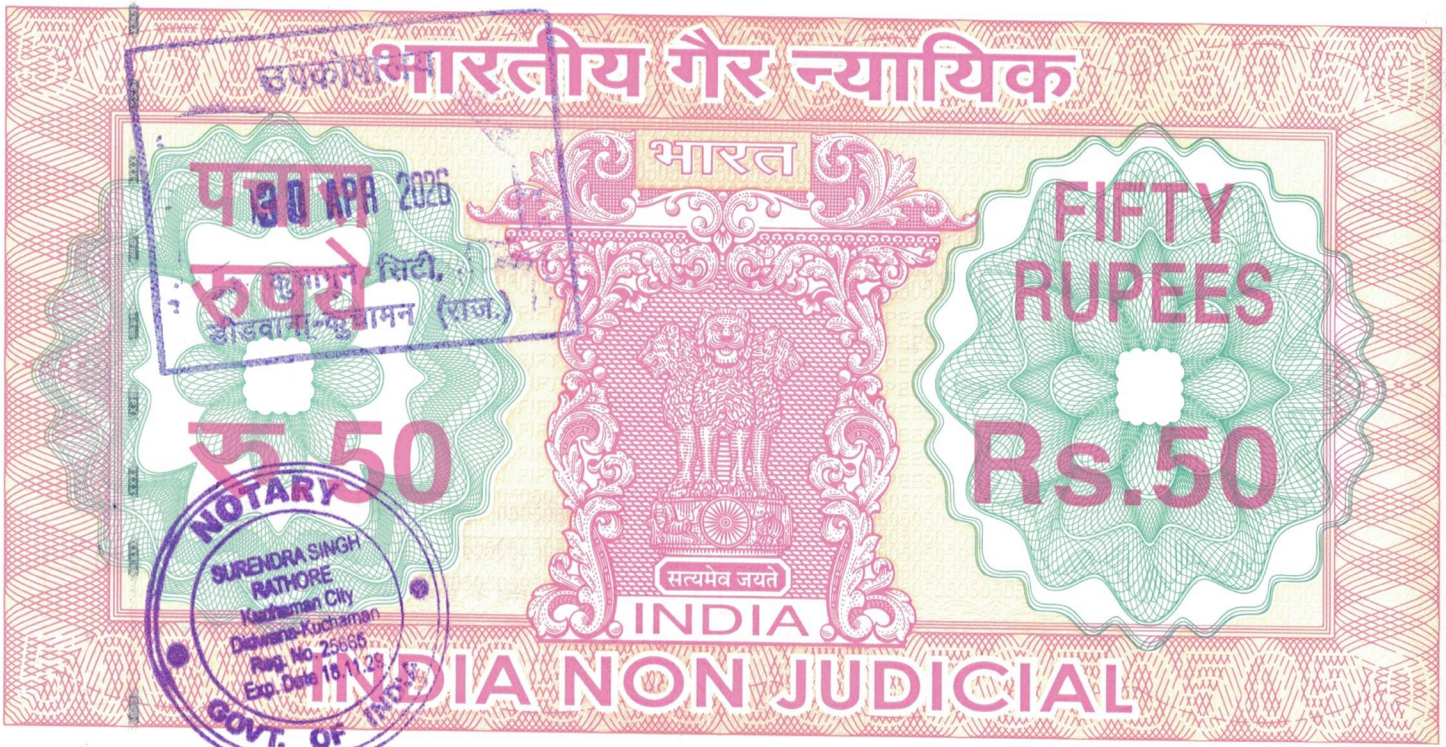
Name of the candidate		Dr. Suman Kumari		
Father's Name		Kharag Singh		
Date of Birth		02/02/1991		
Permanent Address with contact No./Fax No.		Parkham, Mathura, Uttar Pradesh,01586294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	MDU,ROHTAK	2014	61.80 %
2.	M.Ed./MA (Education)	-	-	-
3.	PG with subject	DBRAU,AGRA, ECONOMICS	2013	56.22 %
4.	NET/SLET/Ph.D.	JVWU,JAIPUR , Ph.D. in ECONOMICS	2020	AWARDED
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor, ECONOMICS** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

SURENDRA SINGH RATHORE
NOTARY PUBLIC
Kuchaman City (Raj.)

Suman
Signature of staff

29/5/26



राजस्थान RAJASTHAN

AFFIDAVIT

CM 305520

I, **Dr. Tripti Gupta** D/O **Krishna Murari Gupta** aged 41 Resident **Mahapura, Sawai Madhopur, Rajasthan** take oath and state my Bio -Data as given below

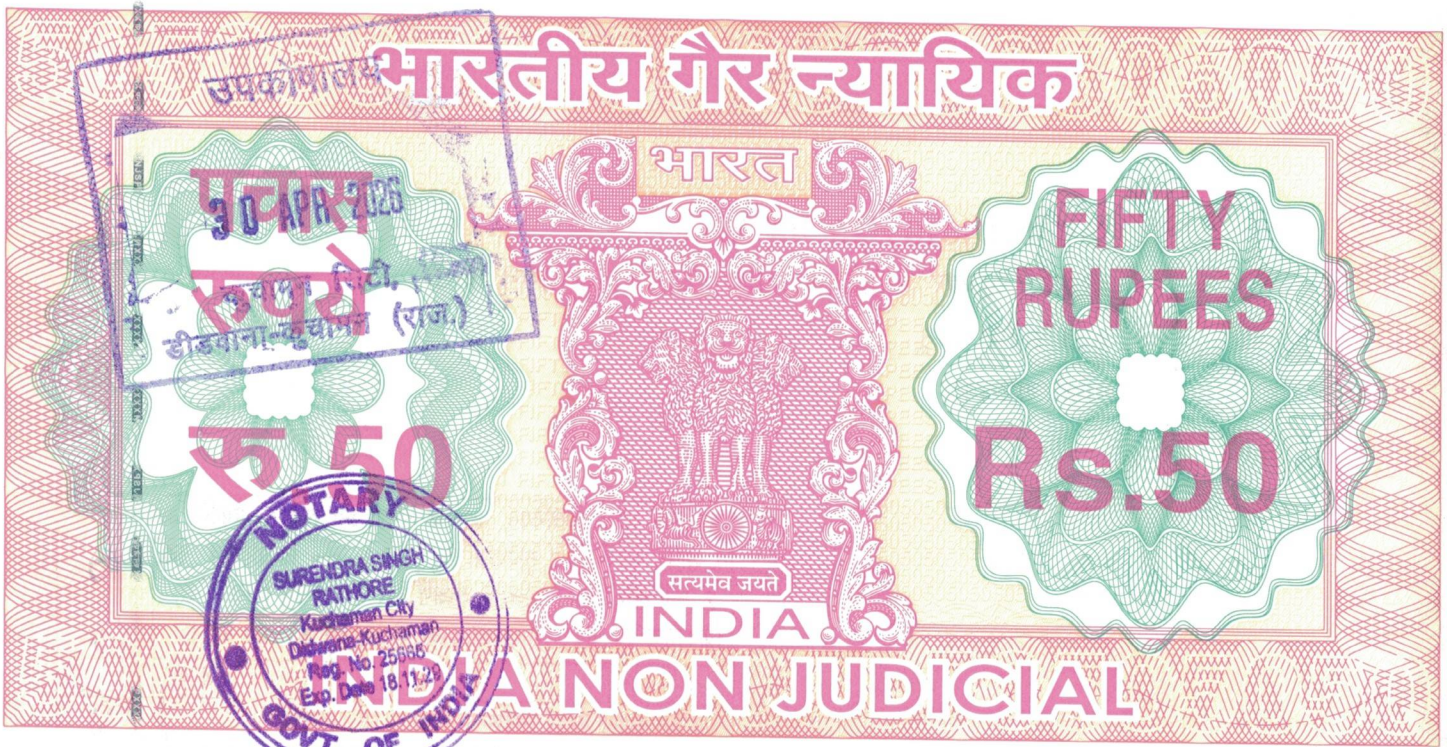
Name of the candidate		Dr. Tripti Gupta		
Father's Name		Krishna Murari Gupta		
Date of Birth		24/12/1985		
Permanent Address with contact No./Fax No.		Mahapura, Sawai Madhopur, 01586-294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	UOB, BIKANER	2007	76.45 %
2.	M.Ed./MA (Education)	UOR, JAIPUR	2014	71.33 %
3.	PG with subject	MDSU, AJMER, SANSKRIT	2008	55.33 %
4.	NET/SLET/Ph.D.	PAHERU, UDAIPUR, Ph.D. in SANSKRIT	2019	AWARDED
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify, that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor, Communicative Skills in SANSKRIT in (ITEP Course) B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY.** I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

SURENDRA SINGH RATHORE
NOTARY PUBLIC
Kuchaman City (Raj.)

Tripti
Signature of staff

29/5/26



राजस्थान RAJASTHAN

AFFIDAVIT

CM 305521

I, **Gajendra Pal Singh S/O Prem Pal Singh** aged 54 Resident **Aligarh, Uttar Pradesh** take oath and state my Bio -Data as given below

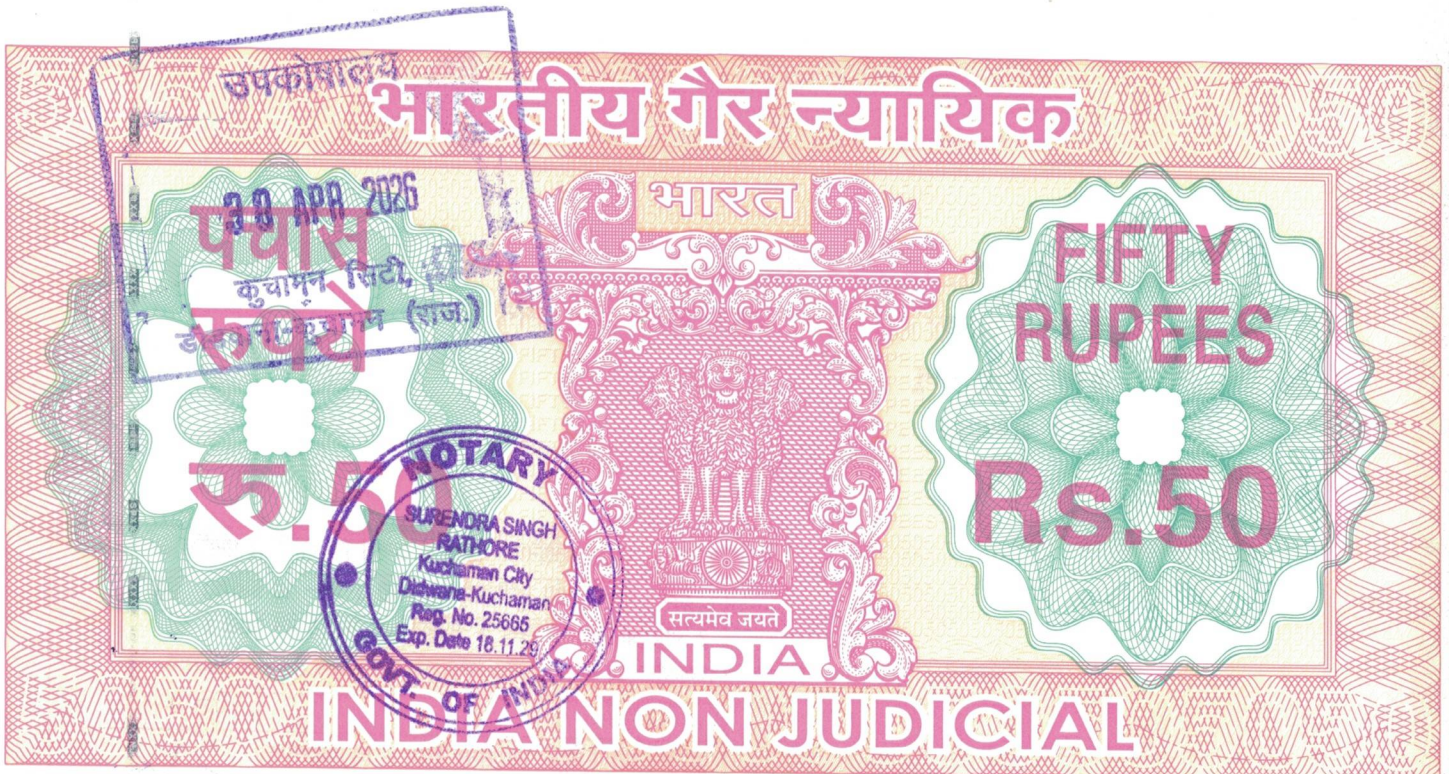
Name of the candidate		Gajendra Pal Singh		
Father's Name		Prem Pal Singh		
Date of Birth		01/01/1972		
Permanent Address with contact No./Fax No.		Aligarh, Uttar Pradesh,05186294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	DBRAU,AGRA	1997	60.75 %
2.	M.Ed./MA (Education)	-	-	-
3.	PG with subject	SU,MEERUT, ENGLISH	2014	61.30 %
4.	NET/SLET/Ph.D.	UGC NET ENGLISH	2013	Qualified
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor, Communicative Skills in ENGLISH in (ITEP Course) B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY.** I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

SURENDRA SINGH RATHORE
NOTARY PUBLIC
Kuchaman City (Raj.)

Signature of staff

29/5/24



राजस्थान RAJASTHAN

AFFIDAVIT

CM 305522

I, **Bajrang Lal S/O Dhaglu Ram** aged **39** Resident **Ladpura, Nagaur, Rajasthan** take oath and state my Bio-Data as given below

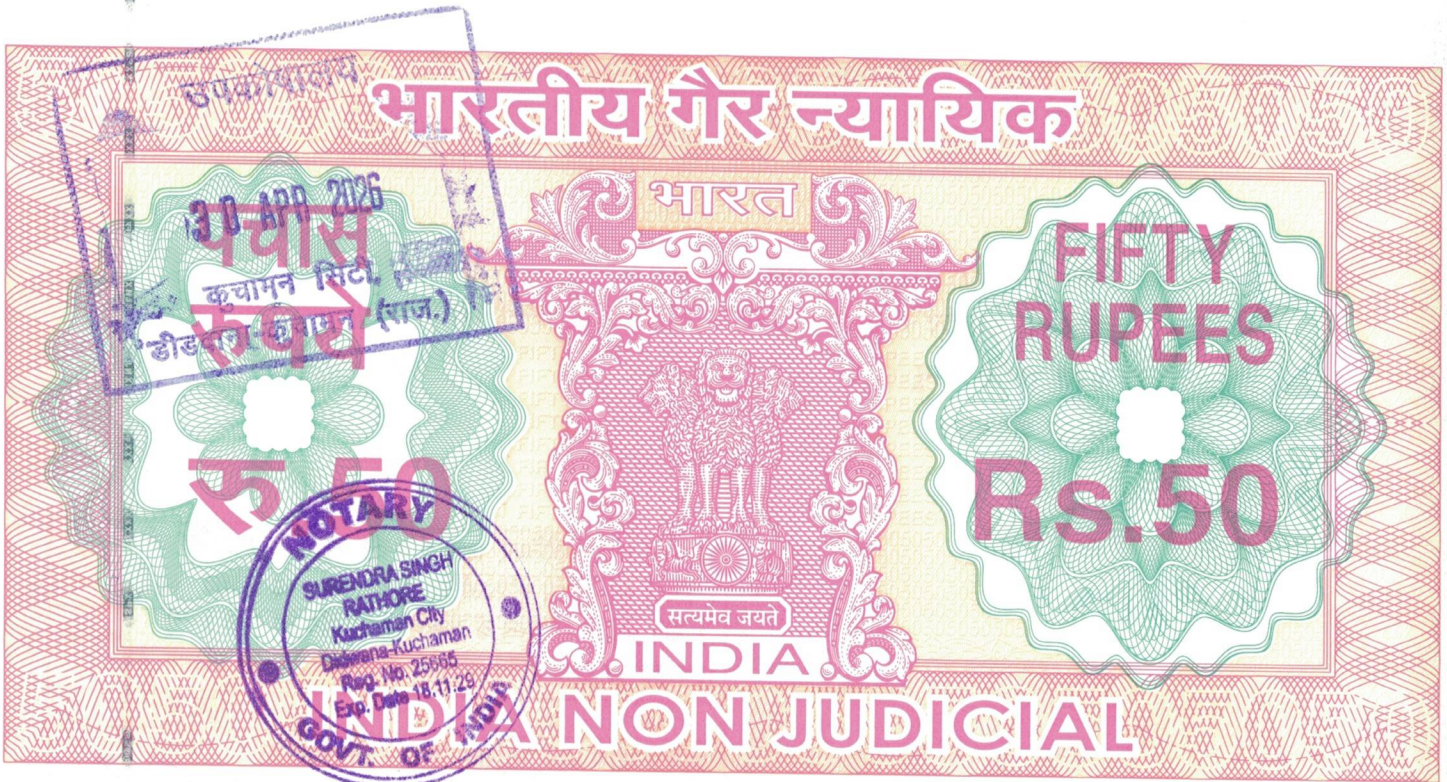
Name of the candidate		Bajrang Lal		
Father's Name		Dhaglu Ram		
Date of Birth		15/06/1987		
Permanent Address with contact No./Fax No.		Ladpura, Nagaur, Rajasthan, 01586294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	MDSU, AJMER	2010	71.10 %
2.	M.Ed./MA (Education)	-	-	-
3.	PG with subject	MDSU, AJMER, HINDI	2018	55.33 %
4.	NET/SLET/Ph.D.	UGC NET HINDI	2019	Qualified
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor, Communicative Skills in HINDI (in ITEP Course) B. R. KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE. The attested copies of marks sheets / degree / certificates are enclosed.

SURENDRA SINGH RATHORE
NOTARY PUBLIC
Kuchaman City (Raj.)

३१/५/२६

Signature of staff



राजस्थान RAJASTHAN

AFFIDAVIT

CM 305523

I, **Dr. Mangu Ram** S/O **Hema Ram** aged **36** Resident **Chandpura, Nagaur, Rajasthan** take oath and state my Bio-Data as given below

Name of the candidate		Dr. Mangu Ram		
Father's Name		Hema Ram		
Date of Birth		15/07/1990		
Permanent Address with contact No./Fax No.		Chandpura, Nagaur, Rajasthan, 01586294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	MDSU, AJMER	2015	64.70 %
2.	M.Ed./MA (Education)	CRSU, JIND	2022	63.95 %
3.	PG with subject	UOR, JAIPUR, Public Administration	2017	55.55 %
4.	NET/SLET/Ph.D.	JVWU, Jaipur Ph.D. in Education	2026	Awarded
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor, EDUCATION STUDIES** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

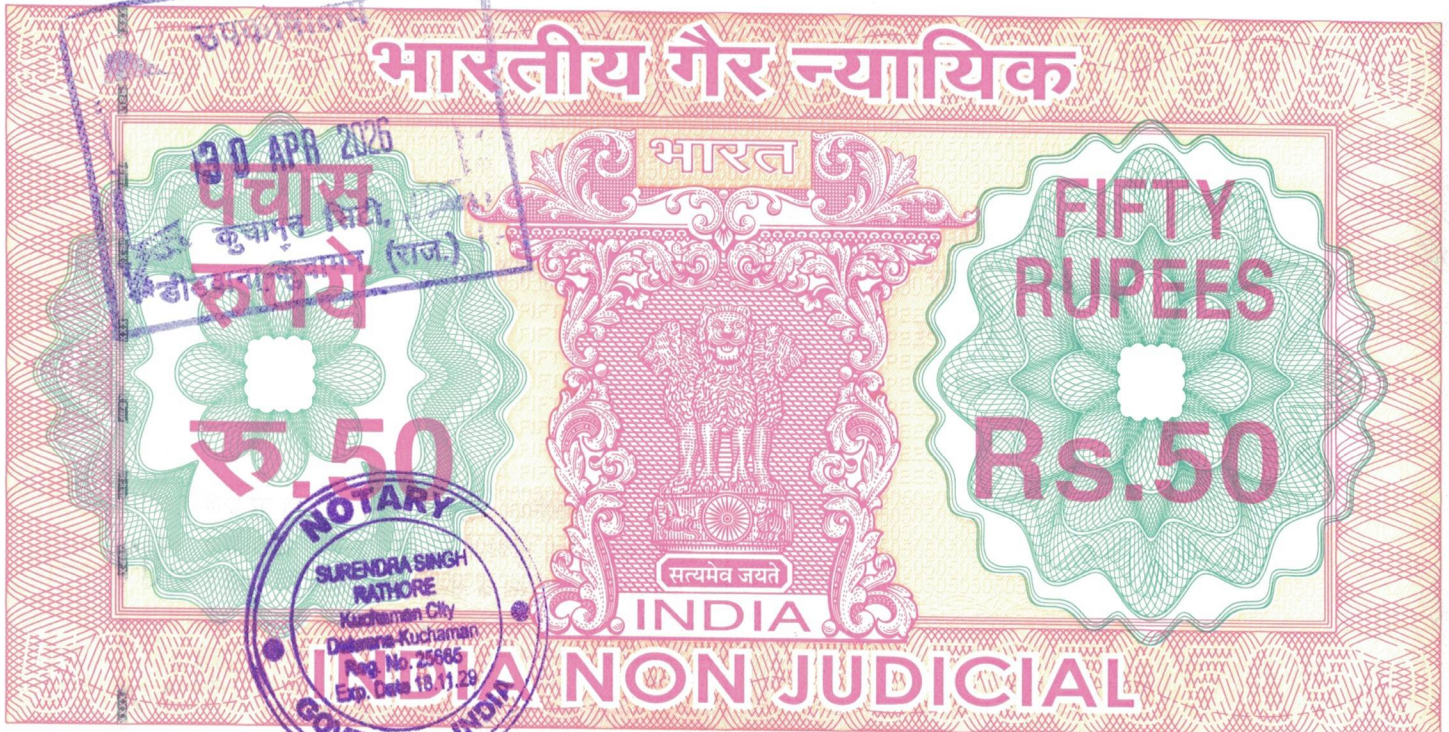
ATTESTED

[Signature]

[Signature]
Signature of staff

SURENDRA SINGH RATHORE
NOTARY PUBLIC
Kuchaman City (Raj.)

29/5/26



राजस्थान RAJASTHAN

AFFIDAVIT

CM 305524

I, **Dr. Subhash Choudhary S/O Gopal Singh Sesama** aged 29 Resident **Rajpura, Sikar, Rajasthan** take oath and state my Bio -Data as given below

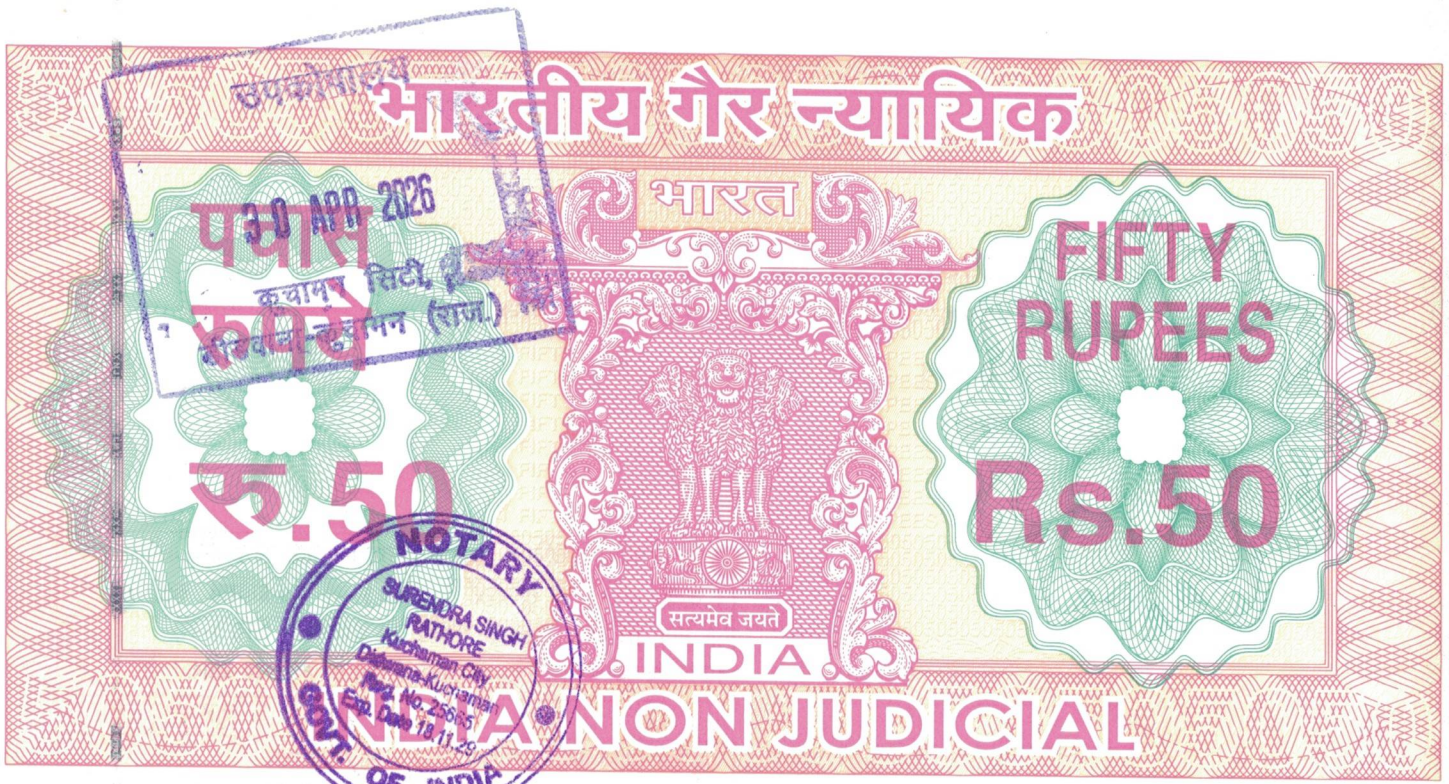
Name of the candidate		Dr. Subhash Chodhary		
Father's Name		Gopal Singh Sesama		
Date of Birth		05/12/1997		
Permanent Address with contact No./Fax No.		Rajpura, Sikar, Rajasthan, 01586294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	PDUSU, SIKAR	2020	72.33 %
2.	M.Ed./MA (Education)	CRSU, JIND	2022	63.00 %
3.	PG with subject	VMOU, KOTA, ENGLISH	2022	59.78 %
4.	NET/SLET/Ph.D.	JVWU Jaipur Ph.D. in EDUCATION	2026	Awarded
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor, EDUCATION STUDIES** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

Surendra Singh Rathore
SURENDRA SINGH RATHORE
 NOTARY PUBLIC
 Kuchaman City, (Raj.)

Subhash
 Signature of staff

29/5/26



राजस्थान RAJASTHAN

AFFIDAVIT

CM 305525

I, **Yad Ram S/O Krishan Gopal** aged 36 Resident **Ganganagar, Rajasthan** take oath and state my Bio -Data as given below

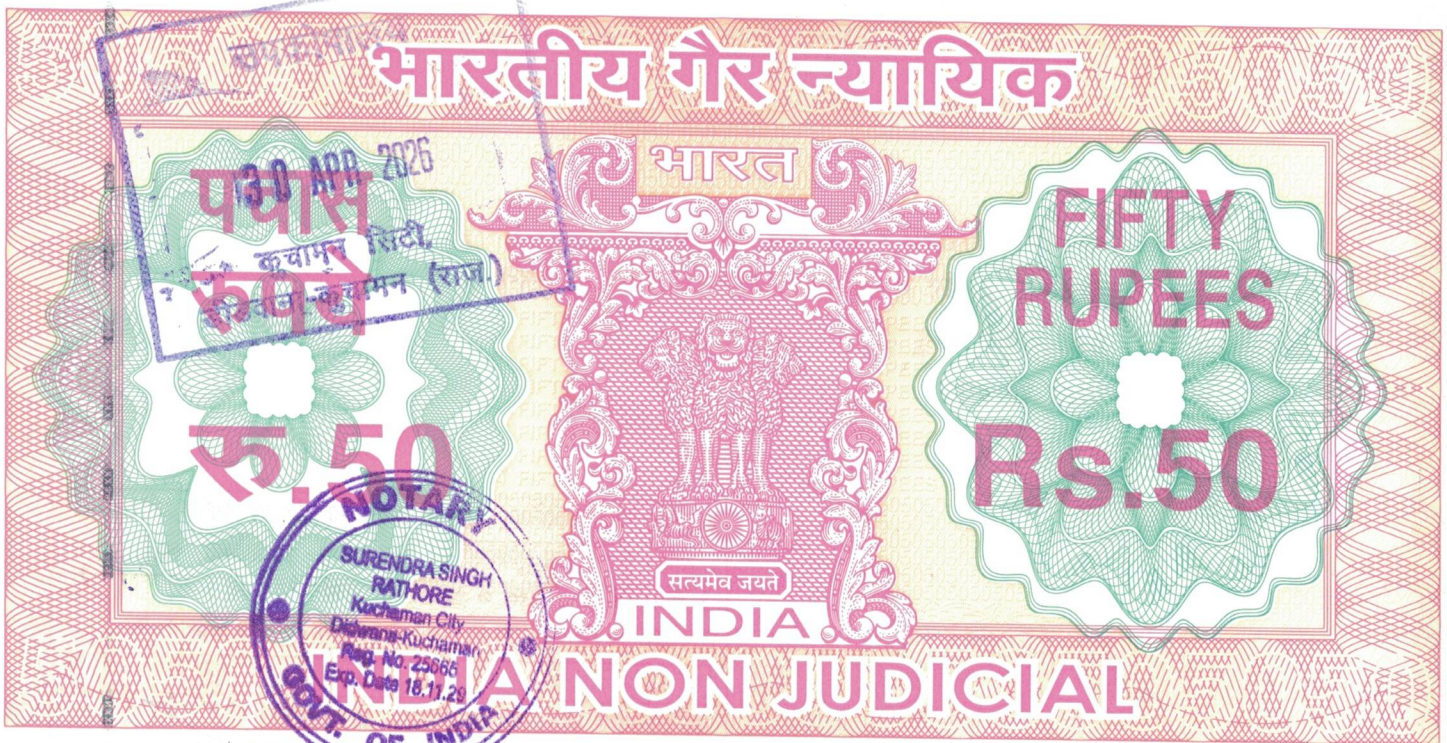
Name of the candidate		Yad Ram		
Father's Name		Krishan Gopal		
Date of Birth		02/07/1990		
Permanent Address with contact No./Fax No.		Ganganagar, Rajasthan 01586294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	-	-	-
2.	B.P.Ed.	PU,PATIALA	2015	61.23 %
3.	M.P.Ed.	JNVU,JODHPUR	2018	7.03 CGPA
4.	NET/SLET/Ph.D.	UGC NET Physical Education	2019	QUALIFIED
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor Health and Physical Education** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

SURENDRA SINGH RATHORE
NOTARY PUBLIC
 Kuchaman City (Raj.)


 Signature of staff

29/5/26



राजस्थान RAJASTHAN

AFFIDAVIT

CM 305526

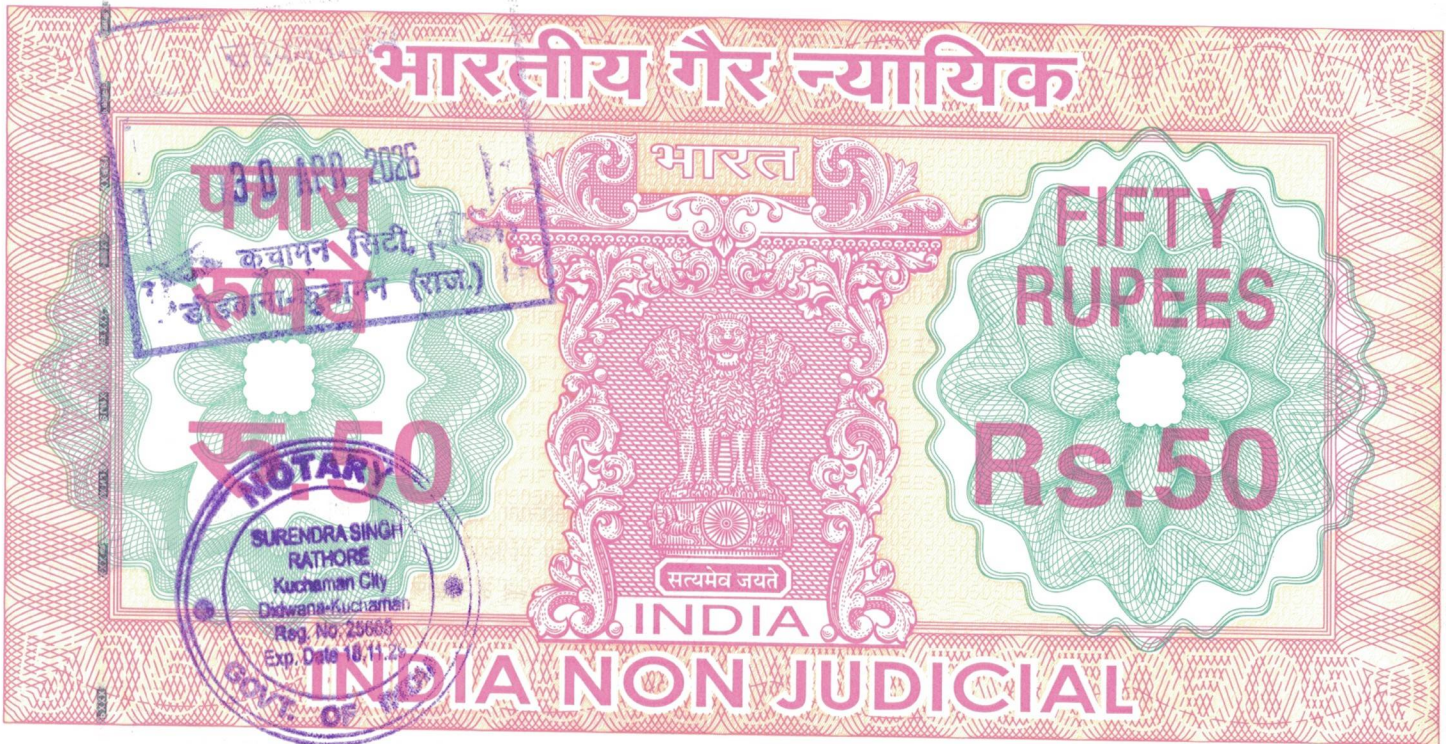
I, **Kamlesh Meena S/O Pappu Lal Meena** aged 34 Resident **Shankar Kheda, Jaipur** take oath and state my Bio -Data as given below

Name of the candidate		Kamlesh Meena		
Father's Name		Pappu Lal Meena		
Date of Birth		01/07/1992		
Permanent Address with contact No./Fax No.		Shankar Kheda, Jaipur,01586294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	-	-	-
2.	M.Ed./MA (Education)	-	-	-
3.	PG with subject	MDSU,AJMER, Drawing & Painting	2017	67.22 %
4.	NET/SLET/Ph.D.	UGC NET VISUAL ART	2019	Qualified
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify, that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor ART EDUCATION** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

SURENDRA SINGH RATHORE
NOTARY PUBLIC
Kuchaman City (Raj.)

Signature of staff



राजस्थान RAJASTHAN

AFFIDAVIT

CM 305527

I, **Neha Sharma** D/O **Jugal Kishore Sharma** aged **36** Resident **Kuchaman City, Nagaur, Rajasthan** take oath and state my Bio -Data as given below

Name of the candidate		Neha Sharma		
Father's Name		Jugal Kishore Sharma		
Date of Birth		15/12/1990		
Permanent Address with contact No./Fax No.		Kuchaman City, Nagaur,Rajasthan,01586294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	MDSU,AJMER	2019	71.27 %
2.	M.Ed./MA (Education)	-	-	-
3.	PG with subject	VMOU,KOTA, PSYCHOLOGY	2023	70.80 %
4.	NET/SLET/Ph.D.	UGC NET PSYCHOLOGY	2024	Qualified
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **Assistant Professor, CAREER GUIDANCE AND COUNSELOR** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

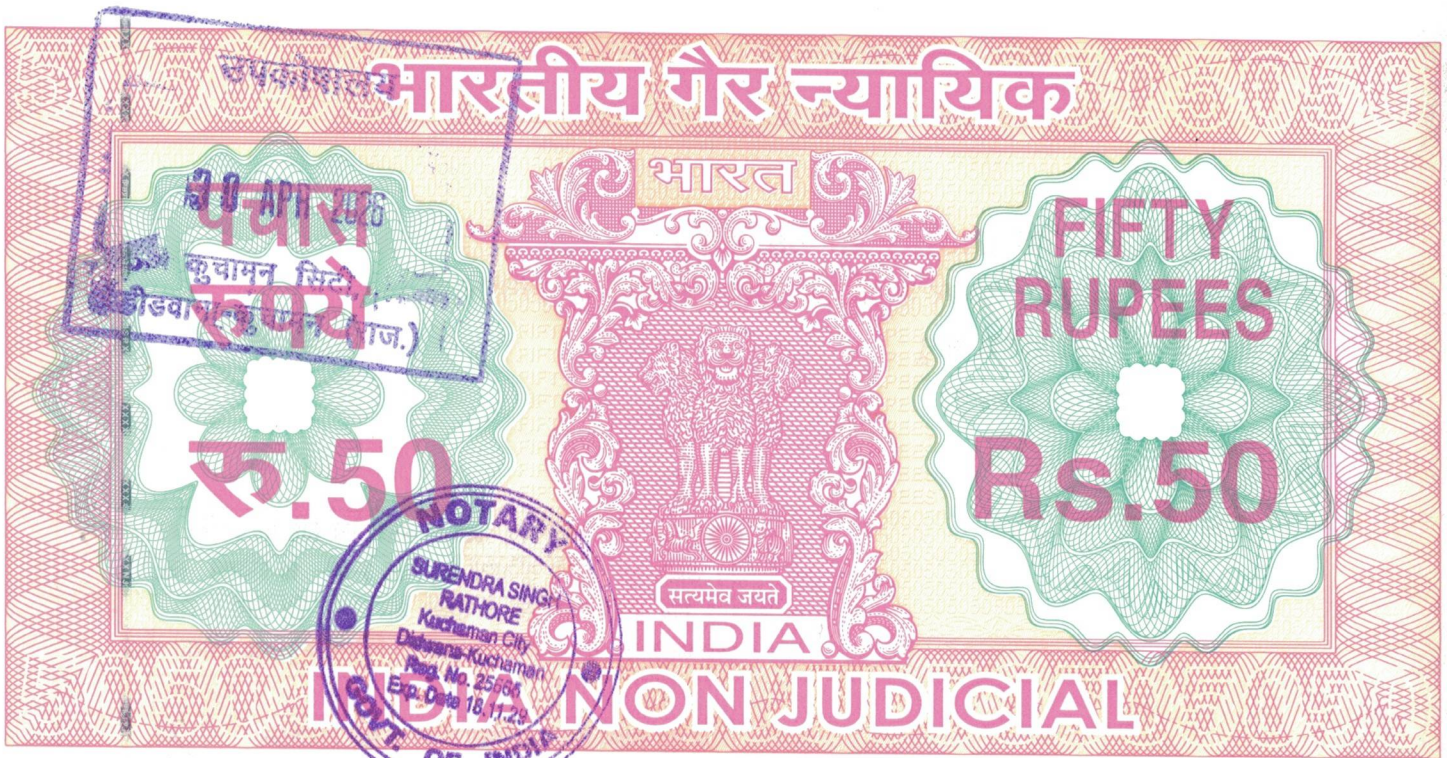
ATTESTED

[Signature]

SURENDRA SINGH RATHORE
NOTARY PUBLIC
Kuchaman City (Raj.)

[Signature]

[Signature]
Signature of staff



राजस्थान RAJASTHAN

AFFIDAVIT

CM 305528

I, **Bala Jalwal** D/O **Mahesh Kumar Jalwal** aged **44** Resident **Udaipur, Rajasthan** take oath and state my Bio -Data as given below

Name of the candidate		Bala Jalwal		
Father's Name		Krishan Gopal		
Date of Birth		18/01/1982		
Permanent Address with contact No./Fax No.		Udaipur, Rajasthan 01586294599		
Educational Qualification				
Sl. No.	Degree	College and University from where degree obtained	Year of passing	% age of marks
1.	B.Ed.	-	-	-
2.	BLIS	VMOU, KOTA	2010	61.75 %
3.	MLIS	VMOU, KOTA	2012	57.50 %
4.	NET/SLET/Ph.D.	-	-	-
Experience (in teacher training college) (Please attach experience certificates)				
Name of college & Address		From	To	Part time / regular
Experience (in school) (Please attach experience certificates)				
Name of school & Address		From	To	Part time / regular

I hereby certify that data submitted above is true to the best of my knowledge and belief. I shall be responsible for any misrepresentation of facts. I also certify that I have been appointed in this institution as **LIBRARIAN** in (ITEP Course) **B.R.KHOKHAR MEMORIAL SHIKSHAK PRASHIKSHAN MAHAVIDYALAYA, KUCHAMAN CITY**. I also certify that I will not work in any other institution after my joining in this institution without appointment of alternate arrangement in the college and the same will be intimate to WRC -NCTE The attested copies of marks sheets / degree / certificates are enclosed.

ATTESTED

(Handwritten signature)

(Handwritten signature)

Signature of staff

SURENDRA SINGH RATHORE

NOTARY PUBLIC

Kuchaman City (Raj.)

२७/१/२४