# 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 s (DD)(MM)		(DD)	(MM)	(YR)	to
(ii) His/ Her appointment in tand teaching the studen in the su	nts of class	from _			sis to
(iii) This School is Govt./Go central/state government/uni dated (Name of the state) for a period	on territory by from Dire	virtue of octorate of	obtaining Reg	sistration N	o.
I hereby undertake that all t University is empowered to tal					
	Signature	of Principa	l/Headmaster,	<sup>/</sup> Headmistre	ss
Place :	Full Name :				
Date :	Designation : .				
	Name of the s	chool :			
	Registration N	lo. of the Ins	stituation:		
	(Attach Cop	y of the regi	stration)		
	Full Address	of the schoo	1:		
	Telephone No	o.:			
	Mobile No.				
	Email ID :				
	(Seal/Stamp)	•••••	•••••	•••••	

#### Note:

- 1. If the Applicant has worked in more than one School, separate Teaching Experience Certificate should be obtained from each School.
- 2. For every experience attach attested copy of the registration certificate of the school.

### **Annexure 4**

#### Permission from the School (The Work Centre) for undertaking B. Ed Practicals

I	hereby	undertake	that	the	school	will	provide	facilities	to	Mr./Ms
			ne	eded f	or carryii	ng prac	tical work	for the B.E	d. pr	ogramme
Th	is school i	is Secondary /	/Highe	r/Seni	or Second	dary Sc	hool.			
		<b>J</b> .	O	,		J				
				(Sign	nature of	Princip	al/Headm	aster/Head	lmist	ress)
Ρla	ace:		••••	Nam	ne :					
Da	ate :			Desi	gnation :					
				Nam	ne of the S	School :				
				Full	Address	of the S	chool:			
				Tele	phone No	).:				
				Mob	ile No					
				Ema	il ID of th	e schoo	ol			
				(Sea	l/Stamp)	•••••	•••••	•••••	•••••	•••

## Annexure 5

### **DECLARATION OF MENTORS**

to guide M	1r/Ms	r for the Methods subject referred against my name. I am willing Enrolment No as a
mentor with	nin the provisions of IGN	IOU B.Ed. programme.
Mentor-1	Subject	Signature
		Name:
		Designation:
		School Address:
		Ph. No.(with STD Code)
		Mobile No
		Email:
Mentor-2	Subject	Signature
		Name:
		Designation School Address:
		·
		Ph. No.(with STD Code)
		Mobile No
		Email:

Name and Signature of the candidate