# Annexure 1

### **Experience-cum-Employment Certificate** (To be submitted at the time of counseling)

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

Signature of Principal/Headmaster/Headmistress

Place :	Full Name :
Date :	Designation :
	Name of the school :
	Registration No. of the Instituation:
	(Attach Copy of the registration)
	Full Address of the school :
	Telephone No.:
	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.

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

I hereby undertake that the school will provide facilities to Mr./Ms. .....needed for carrying practical work for the B.Ed. programme. This school is Secondary/Higher/Senior Secondary School.

	(Signature of Principal/Headmaster/Headmistress)
Place:	Name :
Date :	Designation :
	Name of the School :
	Full Address of the School:

(Seal/Stamp)
Email ID of the school
Mobile No
Telephone No.:

# Annexure 5

## **DECLARATION OF MENTORS**

I hereby declare that I have specialized in the Teaching of the subject mentioned below for my B.Ed. qualification. I agree to be a Mentor for the Methods subject referred against my name. I am willing to guide Mr/Ms Enrolment No as a mentor within the provisions of IGNOU 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 cand	idate					