



FORMAT OF AFFIDAVIT TO BE SUBMITTED BY THE STAFF

HIMANSHU S/o SOVINDRA SINGH aged 32 Years Resident of AMROHA UP take oath and state my Bio-Data as given below:-

Name of the Candidate	HIMANSHU			
Father Name	SOVINDRA SINGH			
Date of Birth	16-06-1994			
Permanent Address with contact No. / Fax No.	AMROHA UP			
Educational Qualification				
Sr. No.	Degree	College and University from where Degree Obtained	Year of Net Qualifying	% age of marks
1	B.P.Ed.	MAHATMA JYOTIBA PHULE ROHILKHAND UNIVERSITY, BAREILLY	2015	64.08%
2	M.P.Ed.	MAHATMA JYOTIBA PHULE ROHILKHAND UNIVERSITY, BAREILLY	2017	61.81%
3	M.A.	-	-	-
4	NET	UGC	2017	NET(PHYSICAL EDUCATION)
Experience (in teacher training college) (Please attach experience certificate)				
Name of College & Address	From	To	Part time/Regular	
Murli Singh Yadav Memorial Prashiksan Sansthan Udairamsar, Bikaner	12-05-2026	-	Regular	
Experience (in school) (Please attach experience certificate)				
Name of School & Address	From	To	Part time/Regular	
NA	NA	NA	NA	

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 / Lecturer in **Murli Singh Yadav Memorial Prashiksan Sansthan Udairamsar..** 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, Delhi. The attested copies of marks sheets / degree, certificates arte enclosed.

ATTESTED
N.K. Tiagi
NOTARY
BIKANER (RAJ)

Signature of Staff