



FORMAT OF AFFIDAVIT TO BE SUBMITTED BY THE STAFF

Dr. Vinay Kumar Sharma S/o Narendra Kumar Sharma aged 49 Years Resident of Bikaner take oath and state my Bio-Data as given below:-

Name of the Candidate		Dr. Vinay Kumar Sharma		
Father Name		Mr. Narendra Kumar Sharma		
Date of Birth		16-09-1976		
Permanent Address with contact No. / Fax No.		B-4 313 Sudarshana Nagar, Pawanpuri Bikaner (Raj) 334403 7597238775		
Educational Qualification				
Sr. No.	Degree	College and University from where Degree Obtained	Year of Net Qualifying	% age of marks
1	B.Ed.	University of Jammu, Jammu	2005	61.90
2	M.Ed. Edu.	Jiwaji University Gwalior , MP	2011	62.37
3	M.A. Pol. Sci	MDS University Ajmer, Raj	2003	55.44
4	Ph.D.	IASE. Sardarshahar, Churu (Raj)	2017	
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		07-07-2008	Till date 10.05.2026	Regular
Experience (in school) (Please attach experience certificate)				
Name of School & Address		From	To	Part time/Regular
NA		NA	NA	NA

Declaration

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 HOD / Lecturer in **Murli Singh Yadav Memorial Prashiksan Sansthan Udairamsar, Bikaner (Raj)** . 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 are enclosed.

ATTESTED
17/5/26
N. K. Tyagi
NOTARY
BIKANER (RAJ)

[Signature]
Signature of Staff