Details of Teacher Information of Private Schools for entry in TIS Module: Sri Potti Sriramulu Nellore District

	Surname		Name					Date of Birth					
Father's Name						Aadhar N	lo	Mobile No.					
		atrier 3 iva	IIIC			Additation	10.		MODIIE NO.				
			_										
1	Marital Stat	us			e-Mail				PAN C	ARD No.			
	Gender				Religior	N							
N	Nother Ton	gue	-	1		Community							
	Disability		If yes,Type of disability					% of disability					
	YES / NO												
Present R	Residential /	Address											
	H.No./Stre				District			Mandal					
Revenue Village					1	PINCOD	F	If Present Residential Address Is Same					
Nevenue village								1111636		S / NO	233 13 341116		
									TES	, / NO			
	rmanent Re H.No./Stre		Address		District		Mandal						
					2.0000								
					T								
Revenue Village					1	PINCOD	E	_					
Appoin	tment De	tails			Į.								
No.of Suk	ojects tough	nt (Put V	mark)										
Subject	Medium	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6	Class 7	Class 8	Class 9	Class 10		
		<u> </u>	+		1				+	+			
										1			
			1										
Date of Servicing in Teaching Field						No.	of Working d	ays Spent o	n Non-Teac	hing Assign	nments		
No.of Training Received Whether Trained for Teaching					ng CWSN	Trained in	Use of Com	puter and Tea	aching Throu	gh Computer			
Present School Joining Date							Category of the Post						
1 10301t Obridor doming Date								- 3.0 gory					

Educational Qualifications

	-	inications Equivaler		nation Pas	ssed								
1	lame of	the Board	1	Medium				Passed Month / Year					
larke So	surod/Inc	ludina La	nauaaaa		Maximuu	m Marke		Holl Tiekst No					
larks Secured(Including Languages					Maximum Marks				Hall Ticket No.				
Details of Intermediate or Equivalent				t Examination Passed									
Name of the Board				Medium				Passed Month / Year					
Marks Secured				Maximum Marks				Hall Ticket No.					
	ividi No Occured				Waxiiiaii Warks				1101101101101				
Details o	f Degree	or Equiva	alent Exa	minations	Passed	ı		I., .	Ī				
Name of	Medium	Second	Optional	Optional	Optional	Optional	Passed Month /	Name of the	Marks Secured	Maximum Marks	Hall Ticket Number		
the Degree		Language	(1)	(2)	(3)	(4)	Year	University	Secured	IVIAIKS	Number		
Details o	f Post Gr	aduate D	egree or l	Equivaler	ıt Examin	ations Pa	ssed						
Degree	ogree			onth / Year Name of the University			Marks Secured	Maximum Marks Hall Ticket Number					
Ivallie								Secured	IVIAINS				
Details o	f B.Fd/B.	P.FD or s	imilar Ex	amination	Passed								
Details of B.Ed/B.P.ED or similar Exa				Passed				Marks	Maximum	Hall Ticket			
Graduation	Methodology Subject 1 Method			gy Subject 2	Month / Nam Year		e of the University		Secured	Marks	Number		
					1 00.								
Details o	f M Ed/M	.P.ED or s	 similar Fy	aminatio	n Passod								
Profession			animai EX				Marks	Maximum					
al Degree Passed Month / Year				Name of the University Secured			Marks Hall Ticket Number						
								†					