राष्ट्रीय अध्यापक शिक्षा परिषद

(भारत सरकार का एक विधिक संस्थान)



National Council for Teacher Education

(A Statutory Body of the Government of India)

By E-mail / Hand / Speed Post/Fax

F. No. NCTE-Ins011/229/2018-Insp Section-HQ 74269

25th January, 2019

To,

The Registrar English and Foreign Languages University Osmania University Campus Hyderabad, Telangana- 500 007. Email: registrar@efluniversity.ac.in

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Providing name of Experts for Empanelment of Visiting Team Members of NCTE for conducting Inspection of the TEIs....reg.

Sir/Madam.

The National Council for Teacher Education (NCTE) has been established by an Act of Parliament as a Regulatory Authority to maintain standards in all Teacher Education Programmes being run in the Country. Among other functions of NCTE, an important activity revolves around granting recognition to new courses and thereafter maintaining a check on the quality aspects of such programmes.

In order to achieve this specific mandate of NCTE, prior to grant of recognition, an inspection of the institution is carried out by a Visiting Team who assess the Infrastructural/instructional and Academic facilities of the institution created for the applied course. Similarly after grant of recognition inspections are required to be carried out for verifying the quality aspects of such institution's functioning. For this purpose a Panel consisting of Experts in different categories such as Education/Teacher Education/Physical Education and Administration is prepared by NCTE.

In view of the above it will be appreciated if names of existing Faculty in your institution, who are willing, comprising of professors/Associate Professors and Educational Administrator from your University/Organisation who are in-service as on date, are provided to NCTE in the prescribed Format. The nominated Expert should have minimum experience of 10 years in the respective field. The details of the recommended Faculty/Expert must be provided in the prescribed Format and should be verified by the concerned HOD/Dean/Registrar of the University/Organisation concerned, as the case may be.

We look forward to your partnership with NCTE. We also look forward to a gainful engagement with your organization as we at NCTE go about strengthening the teacher education sector as a whole.

Please feel free to contact the undersigned for any clarification. A copy of the requisite Format is enclosed with this communication.

Encl: A copy of Format

Wing - II, Hans Bhawan, 1, Bahadur Shah Zafar Marg, New Delhi-110002 Tel: 011-23370181, Fax: 23370128

E-mail: mail@ncte-india.org Website: http://www.ncte-india.org

Format

BRIEF DETAILS OF EXPERT FOR EMPANELMENT OF VT MEMBER IN NCTE (OFFLINE)

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Name of the Expert	٦.	gallery (N) hash		Photograph
Date of Birth (DD/MM/YY)	:			
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Mobile Number		-		
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Correspondence Address	:			
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Alternative Contact Number	:	Almos et el 19	The terminal	
Are you on the panel for inspec	tion	of any other organ	isation? Details:	
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Hence worked as VT member w	ith N	CTE in the past? D	etails:	
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Academic	Qualification	(Chronologically	·):

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Professional Qualification (Chronologically):

Examination	University	Year of Passing	Specialization(s)	Subjects Studied
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Work Experience (Minimum 10 years) in Education/ Teacher Education/ Administration (Chronologically):

Designation	Employer's Name	Address	Type of Institution	Name of teacher Education Program worked for	Start date	End Date
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Declaration:

I declare that the foregoing information is correct to the best of my knowledge and belief and nothing has been concealed/distorted. If any time, I am found to have concealed/distorted any information, my empanelment for VT membership shall be liable to terminate without notice. I will, if and when required, take up duty in the discharge of inspection of TEIs assignment anywhere in India, I certify that none of my family members has any direct interest in the running/administration of any TEI in the country. I also declared that there is no vigilance/criminal case pending against me.

Place	•	
Date	:	

(Signature of the Expert)

Counter Signature with seal of the verifying Authority i.e. HOD/Dean/Registrar