## Name of Teacher Education Programme - B.Ed.

Name of the Institution: Sun College of Education Address of the Institution: Amritagiri, Erachakulam.

2	Name, Father/Husband Name with Date of Birth	Aadhar card no.	Self attested photograph	whether SC/ST/OBC/other category	Designation	Please mention the qualification relevant to the post starting from Plus 2, Graduation, Post Graduation and Professional						8	i e
,S.No						% age of Marks	% age of	% age of Marks	%age of Marks	%age of Marks (Profession al Degree- II)	NET/Ph.D (University )	Subject of Teaching	Number of year of Teaching Experience TEIs/Joining date in t current assignment
1	2	3	1	5	6	7	8	9	10	11	12	13	14
1	Teaching Staff												
	Mr. Vinod. L S/o M. Lakshmanan 27-03-1973	8550 6305 9348		ос	Asst. Prof	66	-	(E)	56.25	62.26	NET	Fine Arts	2/9/2019

The above appointment have have been made on the basis of recommendations of the selection Committee constituted as per the the policy of the UGC/the affiliating University/Affiliating Body

For ACP Educational Trust

Name & Signaturn of Thed Signatory
Authorized Representative of the Institution

Date:

Name & Counter Signature with seal of the Registrar/Competent Authority of the Affiliating Body

TAMIL NADU TEACHERS EDUCATION UNIVERSITY KARAPAKKAM, CHENNAI-600 097.