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File No: NCTE-Ins/1/2021-Insp Section-NCTE

Dated: 28.10.2021

To,

Registrar/Director/Principal
All Central/State Universities/SCERTs/NCERT/Govt. TEIs.
(As per List Attached)

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

Sir/Madam,

The National Council for Teacher Education (NCTE) was set up by an Act of Parliament (No.73 of 1993) with a view to achieving planned and coordinated development of the teacher education system throughout the country, the regulation and proper maintenance of norms and standards in the teacher education system and matters connected therewith.

2. In order to achieve above specific mandate of NCTE, prior to grant of recognition an inspection of the Institution is carried out by the visiting team of NCTE who assess that Institution has adequate financial resources, accommodation, library, qualified staff, laboratory and that it fulfils such other conditions as are required for proper functioning of the institution for a programme in teacher education, as may be determined by regulations,

3. Inspections are conducted by teams of experts called Visiting Teams (VT) constituted by the NCTE as per the VT policy NCTE under Section 13, Section 14 and Section 15 of the NCTE Act, 1993. While the inspection under Section 13 of an already recognized institution is got conducted by the Council, inspection under Section 14 and Section 15 are got conducted by the Regional committees of the NCTE, which are empowered under the NCTE Act to grant or refuse recognition for a teacher education programme. Inspection under Section 14 and 15 are mandatory for deciding suitability or otherwise of the applicant institution for recognition/ permission for conducting a programme or training in teacher education programme.

4. In view of above you are request to provide the names in the enclosed proforma of Professor/ Associable professor working in the Department of Education and fulfill the following conditions and willing to become a member of visiting team of NCTE,

1. He/ She have Minimum 10 year experience in the field of Teacher Education.
2. He/ She have clear from vigilance angle and no case is pending/Contemplated against them.
3. The integrity of them is beyond doubt
4. The Age should not be more than 50 years.

With regards

Yours Faithfully

(Ravindra Singh)

Under Secretary-Inspection

Encl: Performa

जी-7, सेक्टर-10, द्वारका, नई दिल्ली-110075

G-7, Sector -10, Dwarka, New Delhi - 110075

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Website : www.ncte.gov.in

Format

**BRIEF DETAILS OF APPLICANT FOR EMPANELMENT OF VISITING
TEAM MEMBER IN NCTE FOR INSPECTION OF TEACHER TRAINING
INSTITUTE (TEIs).**

Name of the Applicant : _____

Date of Birth (DD/MM/YY) : _____

Father's/ Husband's Name : _____

Mobile Number : _____

Email Id : _____

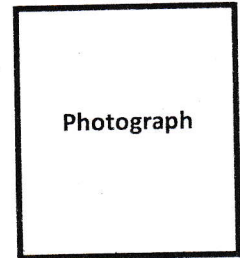
PAN Card Number : _____

Aadhaar Number (If available) : _____

Designation : _____

Complete Name of Present Employer : _____
with Address : _____
: _____
: _____

Correspondence Address : _____
: _____
: _____
: _____



Academic Qualification (Chronologically):

Examination	University	Year of Passing	Specialization(s)	Subjects Studied

Professional Qualification (Chronologically):

Examination	University	Year of Passing	Specialization(s)	Subjects Studied

Work Experience (Minimum 10 years) in the field of Education/Teacher Education (Chronologically):

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

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 contemplated against me.

Place: _____

Date: _____

(Signature of the Applicant)

It is certified that the above information furnished by _____ (Name of the applicant) are correct.

Signature with seal of Registrar/Dean/ HOD/Principal (Concerned)

Name:

Designation:

Place: _____

Date: _____