VHARKHP



I SUNIL KUMAR SONI son of AMAR NATH SONI aged 38 Resident of Laxmi Cinema, Lepo road, Ravi nagar, Hazaribag, submit following information under oath:-

THE PERSON NAMED IN	ate of Birth			11-1979		terfer tall terrette differ et e secon
My P	ermanent A	ldress with contact No	Ha	xmi Cinema, Lepo i zaribag obile No94301257	25710	nagar,
		Educational Qu	alification (10th or Mat	triculation on wards)	and the second section of the section of t	ner eldeniği in dengaliya olar naliya tanan
S.L NO.	Degree	Name of the institute	Examining Body /University from where degree obtained	Subjects	Year of passing	% of marks
1	10 th	Ananda High School , Hazaribag	B.S.E.B, Patna	English, Maths, Hindi, Sanskrit, Social Science, Natural Science, Optional (Eco)	1994	62.66%
2	12 th	Ananda College, Hazaribag	B.I.E.C, Patna	RBH, Eng, Phy, Che, Mat, Lib.Sc	1997	51.66%
3	B.Sc	St, Columba's College, Hazaribag	Vinoba Bhave University , Hazaribag	Physics (Hons),	2008	58.12%
4	B.Ed.	Marwar B.Ed. College, Jodhpur	Jodhpur National University , Jodhpur	Education	2013	74.7%
5	B.Mus.	Kathak Kendra , Hazaribag	Prayag sangeet samiti Allahabad	Dance(Kathak)	2006	65.33%
6	M.Mus.	Sharda Sangeet College, Dumka	Pracheen kala Kendra, Chandigarh	Dance(Kathak)	2015	70.5%

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Experience (in teacher training college) please attach experience certificates)

Name of college & Address	From	То	Part-time /regular
Experience (in school)	Please attach ex	perience certificates)	
Name of college & Address	From	То	Part-time/regular
Sri Ramakrishna Sarada Math & Mission, (Vivekanand Central School), Hazaribag	2013	2016	Regular

I certify that I have been appointed as Assistant Professor (Name of the post) in Sri Ramakrishna Sarada Ashrama Teacher's Training College, (Name of college /Institution with full details). I also certify that I am not working in any other institution. The attested copies of my marks sheets /degree/certificates are enclosed.

I hereby certify that information submitted above is true to the best of my knowledge and belief. I shall be responsible of any misrepresentation of facts. Swill som

Signature of the Academic Staff consumed

Name :- SUNIL KUMAR SONI Address:- Laxmi Cinema, Lepo road, Ravi nagar, Hazaribag Mobile No.-9430125710

K. M. SINGH HAZARIBAG Reg. No.-99/03 VHARKY

Place: Hazaribag

Date:....

solemnly affirmed/declared on oath before me by Sri/Smt..... been identified by In.....

who is personally knowm to me

witness who RTI to my