



The West Bengal University of Teachers' Training, Education
Planning and Administration

25/2 & 25/3, Ballygunge Circular Road, Kolkata – 700019
Phone: (033) 2485 7258/7257
Email: wbuttepacoe@gmail.com

Ref: WBUTTEPA/CE/15/2019

Date: 07.02.2019

NOTICE

The Principal/ Teacher-in-Charge/ Officer-in-Charge/ Programme Coordinators are requested to submit the filled in prescribed formats in **ANNEXURE I** and **ANNEXURE II** to the undersigned by 15 March 2019 for B. Ed 2nd and 4th Semester (Regular) and 1st and 3rd (Supplementary) Examinations.

A Bhattacharjee

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Professor Amit Kumar Bhattacharjee
Controller of Examinations
WBUTTEPA

Controller of Examinations
The West Bengal University of
Teachers' Training, Education
Planning and Administration

WBUTTEPA

**Information sheet of the Faculty involved in the Curriculum Transaction of
B. Ed./ M. Ed. 2nd / 4th Semester**

1. Name of the Institution.....
2. Address of the Institution.....
.....
.....
3. Email Id of the Institution.....
4. Website of the Institution.....
5. Name and Email Id of the Principal/ OIC/ TIC/B. Ed /M. Ed. Programme Coordinator.....
.....
6. Contact Numbers.....

Date.....

Signature of Principal/ OIC / TIC/B. Ed./ M. Ed.
Programme Coordinator
Seal:

ANNEXURE – II

[To be submitted separately for 2nd / 4th Semester of B. Ed. / M. Ed. Programme]

Name of the College:

Details of Faculty involved in Curriculum Transaction of B.Ed./ M. Ed. 2nd / 4th Semester :

Sl. No.	Name, Designation and Email ID	Qualification	Contact Number	Residential Address	B.Ed./M. Ed. Teaching Exp.	Code of the Course taught (mention Pedagogy Subject/ Optional Course)	Remarks

Date.....

Signature of Principal/ OIC/ TIC / B. Ed./ M. Ed. Programme Coordinator

Seal

WBUTTEPA

**Information sheet of the Faculty involved in the Curriculum Transaction of
B. Ed./ M. Ed. 1st /3rd Semester**

1. Name of the Institution.....
2. Address of the Institution.....
.....
.....
3. Email Id of the Institution.....
4. Website of the Institution.....
5. Name and Email Id of the Principal/ OIC/ TIC/B. Ed /M. Ed. Programme Coordinator.....
.....
6. Contact Numbers.....

Date.....

Signature of Principal/ OIC / TIC/B. Ed./ M. Ed.
Programme Coordinator
Seal:

ANNEXURE – II

[To be submitted separately for 1st /3rd Semester of B. Ed. / M. Ed. Programme]

Name of the College:

Details of Faculty involved in Curriculum Transaction of B.Ed./ M. Ed. 1st /3rd Semester :

[PLEASE MENTION SPECIFIC SUBJECT FOR COURSE 1.3.7B]

Sl. No.	Name, Designation and Email ID	Qualification	Contact Number	Residential Address	B.Ed./M. Ed. Teaching Exp.	Code of the Course taught (mention Pedagogy Subject/ Optional Course)	Remarks

Date.....

Signature of Principal/ OIC/ TIC / B. Ed./ M. Ed. Programme Coordinator

Seal