



**Annexure -I  
Staff Profile**

**Name of the Institution** : Hanuman Vyayam Shala Krida Mandal's , Physical Education College, Yavatmal  
**Course** : M.P.Ed. Two Year 2023-24  
**Address of the Institution** : Plot NO.P-10 M.I.D.C. Lohara, Yavatmal 445 001 (M.S.)

Sr. No	Name & Designation	Date of Birth	Qualifications with specialization & % of marks obtained		Years of experience in a recognized secondary/ senior secondary school	Teaching experience in Elementary secondary teacher education institution From To	Date of appointment in the present position	Mode of appointment ( full time on regular basis/part time basis Date of selection committee meeting	NET/ SET/S LET with year	University approval		Date of super-annuation	Photograph
			General U.G.P.G Ph.D.	Professional U.G.P.G Ph.D.						NO	Yes		
1.	Dr.V.R.Talreja Principal	30.3.1968	B.Com.	B.P.Ed. M.P.Ed. (P.P.) 60% Ph.D	27 Years UG Level	18 Years PG Level	27.6.2017	Full Time on regular basis 6/2/1997	Applied	YES	31.3.2028		
2.	Dr. S.R.Tiwalkar Associate Professor	29.10.1967	B.P.E.	M.P.Ed. (P.P.)61% Ph.D.	31 Year U.G.Level	24 Years P.G.Level	25/12/1995	Full Time on regular basis 3.12.1995	Applied	YES	31.10.2027		

H.V.S.K.M.'S  
Physical Education College (4)  
Yavatmal

PRINCIPAL  
H.V.S.K.M.'S  
Physical Education College  
Yavatmal (MS)


Note - The age of superannuation of staff shall be determined by the policy of the concerned government subject to maximum age not exceeding 65 years.

Signature of Registrar/Director SCERT \_\_\_\_\_  
 Name of University/Name of SCERT \_\_\_\_\_  
 Stamp of University/SCERT \_\_\_\_\_  
**Registrar  
Sant Gadge Baba  
Amravati University  
Amravati**

Signature of Principal/Head \_\_\_\_\_  
 Name \_\_\_\_\_  
 Stamp of Institution \_\_\_\_\_  
**Dr. V.R. Talreja  
PRINCIPAL  
H.V.S.K.M.'S  
Physical Education College  
Yavatmal (MS)**

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			General U.G.P.G Ph.D.	Professional U.G.P.G Ph.D.						NO	Yes		
4.	Dr. A.P.Kolarkar Asst.Professor	17.08.1970	B.A.	B.P.Ed. M.P.Ed M.Phil Ph.D.	15 Years	15 Years	30.5.2009	Full Time on regular basis 30/5/2009	Applied	Yes	31/8/2030		

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**Name of University/Name of SCERT** \_\_\_\_\_  
**Stamp of University/SCERT** \_\_\_\_\_  
**Registrar**  
**Sant Gadge Baba**  
**Amravati University**  
**Amravati**

**Signature of Principal/Head** \_\_\_\_\_  
**Name** \_\_\_\_\_  
**Stamp of Institution** \_\_\_\_\_  
**Dr. V.R. Tejreid**  
**PRINCIPAL**  
**HVSKM Phx.Edu.College**  
**Yavatmal (MS)**