

HEMACHAL PRADESH UNIVERSITY

Recent passport size photograph duly attested.

Note: This form must be submitted within 7 days of the appointment.

IDENTITY NO. to be filled in by the University.

Name of the Teacher. _____

Father's Name. _____

Date of birth as recorded in Matric/Higher Secondary Certificate _____

Married/Unmarried _____

Registration No. _____

Present Home Address. _____

Permanent Address. _____

Designation of the Post. _____
and Subject. _____

Academic Qualification:

Name of the Examination Board/ (attach original Testimonial alongwith attested photocopies)	Subjects/Univer-sity.	Year taken.	Roll No.	Class	Marks & % of Marks obtained out of the Total Marks.
High School/Matriculation/Higher Secondary.					
Pre-University					
Pre-Engg/ Pre-Medical/+2.					
Bachelor's Degree.					
Master's Degree					
Research Degree M.Phil/Ph.D./ NET/SLET.					

Any other distinction in the Academic field: Research papers or other publication etc.

TEACHING EXPERIENCE IN AFFILIATED COLLEGES

Name of college	Period from to	PUC/Pre Engg/Pre-Medical	Deg. B.A. Part-I, II & III	M.A.	B.T./ B.Ed.	Other courses if any,

subject(s) for teaching of which approval is sought
 Number of teaching hours not periods allotted or proposed to be allotted (Subject-wise):

Subjects	Pre- Univ.	Pro- Med./ Pre- Engg.	Three-year Course			Deg. Part I	M.A. Part II	B.Ed.	M.Ed.	B.Com.	Other part courses I-II III, if any
			1st Year	2nd Year	3rd Year						

- (i) Scale of pay:
 - (ii) Pay Drawn:
 - (iii) Dearness Allowance:
 - (iv) Other allowances:
- Date of appointment: _____
 Nature of appointment: Part-time, Temporary/Permanent: _____
 If on probation the period of probation: _____

If appointment already approved quote
University letter No. date and the
Name of the college where approved. _____

Name of the college where he was last employed _____

Reason the relieving the said college _____

Has the relieving chit been obtained? _____

Has the teacher read the service & conduct Regulations etc. and
signed the agreement form? _____

(In case of teacher of privately managed affiliated colleges.)

I declare that I have not been disqualified by this
University or anyother University for appointment as a teacher in an
affiliated college and that I have obtained a relieving chit from
my previous employers.

Signature _____

Designation: Demonstrator/
Lecturer/
Professor.

Has the Selection Committee constituted as per provisions of H.P.
University Ordinances 38.5-B(d) Appendix-'A' Rule-2&3. _____

Certified that I have seen the Original degrees/Certificates
and proceedings of the Selection Committee and the above teacher
fulfills the minimum qualification as prescribed by the UGC/University
from time to time and the selection has been made on the recommenda-
tion of the duly constituted Selection Committee as per rules.

Note: When Approval as Demonstrator is asked for, the detailed
marks certificate of B.Sc. Part-II & III of the individual must be
submitted with the Return.

Principal

With Seal

(In case of Principal)

President/Secretary of the
Managing Committee of the
College: _____

Date: _____