



PERIYAR UNIVERSITY

Reaccredited with 'A' Grade by the NAAC

SALEM – 636 011

PROFORMA FOR QUALIFICATION APPROVAL OF ASSISTANT PROFESSORS IN AFFILIATED COLLEGES

1. Name of the College :
2. Name of the Staff :
3. Father / Husband's Name :
4. Name of the Department in which
he / she is now working
(Phone/Cell Number) :
5. The post now held by him /her for
which qualification approval is sought :
- 6.* Date and Place of Birth and age :
7. Mother Tongue :
8. Other Languages Known to read :
to write :
to speak :
9. Educational Qualification (From degree onwards)

S.No	Institutions Studied	Years of Study	Part time or full time	Degree or Diploma	Month & year of passing	Class with percentage of marks	Specialization

(Attach attested copies of certificates in support of each degree or diploma)

- 10.* Date of appointment to the collegiate service :
- 11.* Date of appointment to the present post :
- 12.* Date of appointment in the present Institution :
- 13.*Details of Collegiate teaching experience gained

Name of the College / Institution	Designation	Period		Y	M	D
		From	To			

14. Have you passed (i) CSIR, UGC
(ii) JRF (UGC) (iii) State Level
Screening test .If yes furnish the
Month and year of passing and a
copy of the communication :

I certify that the information furnished above are true and correct to the best of my knowledge and belief. If there is any incorrect or false information having been furnished or that may come to light in due course I bind myself for such action as the University may decide.

Station:

Signature of the Staff
(Name and Designation)

Date :

Submitted
Specific Recommendation

College Seal

Name & Signature of Principal

**Attested copy of certificates /statement of marks / degree should be enclosed*

Note: If the staff is in possession of grade sheets with the marks entered grade point system (say A or B or C or O etc), he or she is requested to obtain the equivalent mark from their respective University and enclose the attested Xerox copies of the marks statements.

The applicant is requested to enclose the duly attested copy of

- 1. 10th and 12th Mark sheets**
- 2. UG/PG/M.Phil/Ph.D Degree Certificates.**
- 3. Lecturer Approval application fees 750/- Demand Draft drawn in favour of the Registrar, Periyar University, Salem – 11.**

<u>Demand Draft Particulars</u>	
Name of the Bank.....	
Branch.....	Amount 750/-
DD No.	Date:

To

The Registrar,
Periyar University
Salem – 636 011.