Kannur University

Academic branch

Name of the College:

Part - A (Consolidated list of teachers)

SI. No	Name of the Teacher	Age& Date of birth	Department	Qualifications with percentage of marks	NET/SLET/ GATE, etc passed (eligibility)	Date of joining to the present post	Total Service	Previous Experience (College/uni versity level)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
/To h	e submitted in guadru	unlicato with	attested senies o	f documents originals	of documents/ cort	tificatos to bo pro	ducad at the	time of verificati	ion \

(To be submitted in quadruplicate with attested copies of documents- originals of documents/ certificates to be produced at the time of verification)

Place Signatutre of the Principal Name

Part-B (Bio D	Data of tea	chers)
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- 2. Address:
- 3. Age& Date of birth:
- 4. Qualifications:

Sl.No.	Degree	University/Institution	Subject with specialization	% of marks	Year of passing

- 5. Research experience:
- 6. Number of papers published with details:
- 7. Details of experience

Sl.No.	Name of the	Designation	Total years of
	organization/institution		service

- 8. Details of experience as an university examiner:
- 9. Nature of appointment to the present post: Permanent/Contract/Daily wage
- 10. Scale of Pay:
 - i) Total monthly emoluments a) initial pay : b) Current Pay :
 - ii)Daily allowance(in the case of DW hands) :
- 11. Signature with date:
- 12 . Counter Signature of the Principal :

(after verification)

Part- C (Workload statement)

SI.No.	Name of the Department	Courses offered	Lecture hours	Practical hours	Number of teachers permissible as per Uty. rules	No. of teachers presently working

Signature	of the	Drincina	ı
Signature	orme	Principa	ı

Date:

<u>Certificate</u>
Part 1
The entries made herein are true to the best of my knowledge and belief. I also understand that I shall be personally responsible for the consequences in the event of any information being found false or incorrect.
Place:
Signature of the teacher Date:
Part 2
Certified that all the entries have been verified with the relevant documents in original.
Signature of the HoD Signature of the Principal

Place:

Date: