

Kannur University

Academic branch

Name of the College :

Part – A (Consolidated list of teachers)

Sl. 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/university level)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

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

Place
Date

Signature of the Principal
Name

Part- C (Workload statement)

Sl.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 Principal

Date:

Certificate

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: