

FORMAT FOR FACULTY AND OTHER EMPLOYEES DETAILS

Sl.No	Name of the Faculty Member/other employee	Designation/ Cadre	Qualification	NET/Ph.D	Department/ Subject	Date of Joining	Mob.No & E-mail ID	Is He/She appointed through proper procedure as prescribed by U.G.C/Univ./ State Govt.	Nature of Appointment (Regular/Part time/Other type)	Monthly Gross Salary (With Specification of Grade)	Aadhar No. or Permanent Account Number (Mandatory)
1											
2											
3											
4											
5											
6											

Signature of Chairman of Governing Body:
(in case of private college)

Name of the Chairman of Governing Body:

Seal:

Date:

Signature of Principal:

Name of the Principal:

Seal:

Date: