

UNIVERSITY OF MUMBAI

1. Name of the College/Dept. : _____
2. Subject : _____
3. Name of the Lecturer : _____
4. Designation : _____
5. e-mail :- _____

Sr.No.	Class Teaching	Title of the Paper Taught	Number of years the Paper has been taught
I	T.Y.B.A.(Paper-IV)		
II	T.Y.B.A.(Paper-V)		
III	T.Y.B.A.(Paper-VI)		
IV	T.Y.B.A.(Paper-VII)		
V	T.Y.B.A.(Paper-VIII)		
VI	T.Y.B.A.(Paper-IX)		
VII	T.Y.B.Com.(Optional)		
VIII	M.A.(Paper-I)		
IX	M.A.(Paper-II)		
X	M.A.(Paper-III)		
XI	M.A.(Paper-IV)		
XII	M.A.(Paper-V)		
XIII	M.A.(Paper-VI)		
XIV	M.A.(Paper-VII)		
XV	M.A.(Paper-VIII)		
XVI	M. Phil		
XVII	Other information if any		

5. Total Teaching Experience at Degree College/University as Full-Time Lecturer/Reader/Professor in the subject of _____
 - a) from _____ to _____ = _____ years as F.T. Lecturer/Reader/Professor at the Degree College/University.
 - b) from _____ to _____ = _____ years at another previous college as F.T.Asstt. Professor/Associate Professor/Professor at Degree College/University.
6. Date of appointment in the present college / institute : _____
Of Degree college as F.T. Lecturer.
7. Date of Superannuation: _____
8. Whether your appointment is approved by the University : YES / NO
9. Date of approval with letter No.: _____

10. Please clarify the period of approval i.e. one year / Temporary / Probationary / permanent : _____
11. Period of approval of probation : _____
12. Whether you have been confirmed in the services of the College/Institute : _____
13. Date of P.G. recognition w.e.f. _____ by _____ University.
14. Teaching experience of P.G. Level after recognition: _____
15. Name of the P. G. Centers / College / Institutions which at present attached: _____
16. Address & Telephone Number:

a) Residential: _____

Tel.Nos. Res. _____

OR

Mobile No. _____

b) College: _____

_____ Tel.No.: _____

I hereby declare that the above information is true to the best of my knowledge and belief.

Place : _____

Date : _____

Signature of Asstt. Prof./Associate Professor

To be filled in by College / Institution

Regarding Column No. 06 & 13

This is to certify that Shri / Smt. / Kum. : _____

has been working as Full – Time Professor in _____

Department in this Degree College w.e.f. _____

From _____ He-/She is a confirmed employee.

2. I further certify that the above particulars given by the teacher is true to the best Of my knowledge.

Place : _____

Date : _____

**Signature of Principal / H.O.D. College/
Institution and Seal of the College/ Institution.**

