



PROFORMA-B

University of Pune

Academic Year

TEACHER'S APPROVAL FORM

Information in respect of Candidate recommended by the Selection Committee for the post of

- (1) Name of the College
- (2) Nature of the Post
(SC, ST, DT/NT, OBC, OPEN)
- (3) Date of advertisement approved
- (4) Advertisement published on News paper
- (5) Name of the Candidate
(Surname) (Name) (Father's/Husband's Name)
(In Devnagari Script)
- (6) Address for Correspondence
.....
Pin Code.....(Tel.No.....
.....
..... Place of Birth.....
- (7) Date of Birth
- (8) Appointment Order No. & date
(Pl. attach a copy)
- (9) Date of Joining (Pl. attach Joining Reports)
- (10) Category: (SC, ST, DT/NT, OBC, OPEN)
- (11) Designation of the Post with Subject
- (12) Nature of Appointment
(Full time/Part time/ CHB)
- (13) Whether Temporary/ Permanent
- (14) Period of Appointment From To
- (15) Whether the University Selection Committee Procedure is followed Yes ☐ No ☐
- (a) Date of the Meeting of the Selection Committee
(enclose Selection Committee Report)

(b) Whether University Subject Expert was present

Yes

☐

No

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(c) The Vacancy filled by the Local Selection Committee.
(enclose Local Selection Committee report)

Yes

☐

No

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(14) Educational Qualifications (Please enclose attested copies of Certificates)

Examinations Passed 1	University 2	Month and Year of Passing 3	Subjects offered Special / General 4	Marks obtained out of 5	Percentage of Marks 6	Class/ Division/ Grade 7
(i) Bachelor's Degree (BA/ B.COM/ B.SC/ BCS/ B.ED/ BE/ LL.B etc.)						
(ii) Master's Degree						
(iii) M.Phil. Degree						
(iv) Ph.D. Degree						
(v) NET/ SET (CSIR)						

(15) Teaching Experience (Please enclose attested copies of the Certificates)

University/ College/ Institute 1	Designation of the post held 2	Subjects and classes taught 3	Period of appointment with date 4	Nature of appointment 5	Approved by the University. Date of approval 6

(16) Professional Experience

(Pl. give details on separate sheet)

I hereby declare that the statements made above, in so far, as they relate to me are true and correct.

Date:

Signature of the teacher appointed

I hereby certify that-

(i) I have personally verified the Educational Qualifications and the information regarding the professional experience mentioned above.

- (ii) The appointment is made in accordance with the workload prescribed by the University / Government.

All the attested true copies of Statements of marks, Degree Certificate, Caste Certificate (if any), Experience Certificate, marriage Certificate (if any) the Selection Committee Report (University/ Local) are enclosed.

Date:

Signature of the Principal/Director

.....College,
(College Stamp)

Signature of the Chairman/President/Secretary.
(Stamp of the Society/ Institute)

To be filled in by the University Office

- 1) Since the candidate posses good academic record with at least 55% marks in the relevant subject at Master's degree and passed the NET/SET/CSIR BE APPROVED.
- 2) Since the candidate fulfils the necessary conditions the appointment is approved.
 - (a) On permanent w.e.f.
 - (b) For the academic year.....
 - (c) For the period fromto.....
 - (d) From to the end of First/Second term (ad-hoc) of the academic year.
- 3) Since the candidate possess qualifications for professional courses i.e. Engineering, Law, Education etc. laid down by the University/ Respective Councils appointment BE APPROVED.
- 4) The appointment may be approved w.e.f. From to/ for the academic year
- 5) Since the candidate does not possess the minimum required qualifications/ experience his/her appointment be NOT APPROVED.

Section Officer

[Assistant Registrar(Academic)]

Deputy Registrar[Academic]

-Vice-Chancellor

Director [BCUD]

Incomplete forms will not be entertained.