

SAURASHTRA UNIVERSITY



FOUR STARS
(Accredited by N A A C)

APPLICATION FOR RECOGNITION AS A POST GRADUATE TEACHER UNDER O. 73 (Without Medical Faculty)

(PARTICULARS OF TEACHER TO BE FILLED IN BY THE APPLICANT)

Full Name of the Teacher (Beginning with Surname) : _____
 Residential Address : _____
 Phone No. : _____
 Name of the College/ Institution : _____
 Date of joining the present College/ Institution : _____
 (Enclose copy of Appoin. Order)
 Present Designation and the date since which it is held. : _____
 Date of Birth _____ Age : _____ Sex _____
 Permanent/ Temporary : _____ Full-time/ Part-time : _____
 Degree and the subject (s) : DEGREE _____ SUBJECT (S) _____
 for which recognition is sought.

ACADEMIC QUALIFICATIONS :

Name of the Degree Passed	Class obtained & % of Marks	Subject offered	University	Years of Passing	Remarks
* Bachelor's Degree					
* Master's Degree					
* M. Phil Degree					
* Ph. D., D.Sc. D. lit. Degree If any.					

* A certified/ Zerox Copy of Marksheet and Degree Certificate for each degree should be enclosed.

No. of Research Paper : _____
 No. of published research : _____
 Papers other then Ph.D. work : _____

* Name of the recognised Institution where the teacher worked as research worker and No. of years of research experience.

Name of the College / Inst.	No. of Year of Research experience	No. of articles published	No. of monograph if any, published in the subject

(P.T.O.)

@ Particulars of Teaching Experience. With the Certificate of Concern Head of Institution/ College.

Name of the Inst.	Designation	Class FY/ SY / TY	Subject taught	From Date	To Date	No. of Years	Months	Remarks Clearly State Full time or Part time

If previously recongised in other University as Post graduate Teachers, Please give details as under. with the certificate of concern Head of Insti./ College.

Degree and the Subject for which recognised	University Letter No. and date	Name of the Colleges Insti. from where recognition was obtained preveously	Teaching experience as P.G. Teachers	
			YEARS	MONTHS

Encl. :-

Place :

Date :

SIGNATURE OF APPLICANT

TO BE FILLED IN BY THE PRINCIPAL/ HEAD OF THE COLLEGE/ INSTITUTE

I hereby certify that Shri/ Smt./ Kum. _____
_____ is a teacher in this College/ institution holding the Part
time/ Permanent Appointment of Lecturer/ Professor of _____
subject and his/ her appointment as such has been approved by the University vide University
letter No. _____ date _____. I also certify that Shri/ Smt./ Kum. _____
_____ having a teaching experience at
T.Y. Classes of Last _____ years.

The foregoing information given by the teachers concerned is correct to the best of my knowledge
and belief and that he/ she is a eligible for recognition as a Post graduate teacher under O. 73,

In the case of Transfer/ Retirement/ I the undersigned / all Inform to University immediately.

Date :

Signature of the principal of the
College/ head of the Institution
with Seal

@ If space is not sufficient attach a separate sheet.

* please supply a copy of the research papers. Articles, monographs etc. published.