

Name of the College/P.U. Deptt. _____

Examination- Semester (May/June 2017)

Sr. No.	Name of the teacher designation with Residential Address (IN CAPITAL LETTERS)	Nature of Appointment * R/A/T/C	Teaching Experience	Previous experience as in year (s)			Three stations of choice at which willing to work . (Three Choice are must)	Mobile Number and e-mail address of the recommended teacher	Centre at which worked during last Semester exams.	Station in case any son/ daughter/ relative is appearing in any examination	Signature of the recommended teacher as token of acceptance
				Supdt.	Deputy Supdt.	Asstt. Supdt.					

List of approved teachers for appointment as CENTRE SUPERINTENDENTS (the no. of recommendees should not be less than the No. of Exam. Centers created in the College) i.e. _____ Centers.

NOTE:- In case of lady teacher/s recommended as Centre Supdt. for one session only, another lady teacher must be recommended and clubbed with her, specially mentioning session (Morning or Evening)

1.											
2.											
3.											
4.											
5.											
6.											

Note:- The following persons are not eligible to act as Supervisory Staff.

- i. Disqualified persons.
- ii. Persons who have published Help Books, Guides and Cheap Notes.
- iii. Persons appointed on purely temporary basis i.e. up to 31st March.
- iv. Persons who are not suitable/debar by the University for any examination work.

*R- Regular *T- Temporary
* A- Adhoc *C- Contractual

Signature of the Principal / Head of the Institution
(official stamp).

Full Name (IN CAPITAL LETTERS) _____

Tel. Phone /Fax Number _____ Mobile No. _____

College Controller/Registrar- Mobile Number _____

<p align="center">College Dispatch No- _____ Date: _____</p>

IMPORTANT NOTE : NO CLOUMN SHALL BE LEFT BLANK AND ALL THE COLOUMN SHOULD TYPED

Persons recommended should be apprised of the recommendation and an assurance be obtained from them that they will not back out at the eleventh hour

Name of the College/P.U. Deptt. _____

Examination- Semester (May/June 2017)

Sr. No.	Name of the teacher designation with Residential Address (IN CAPITAL LETTERS)	Nature of Appointment * R/A/T/C	Teaching Experience	Previous experience as in year (s)			Three stations of choice at which willing to work . (Three Choice are must)	Mobile Number and e-mail address of the recommended teacher	Centre at which worked during last Semester exams.	Station in case any son/ daughter/ relative is appearing in any examination	Signature of the recommended teacher as token of acceptance
				Supdt.	Deputy Supdt.	Asstt. Supdt.					
List of teachers for appointment as ASSISTANT SUPERINTENDENTS (the no. of recommendations should not be less than the 25% of the total Supervisory staff required at the Center/s created in the College) i.e. _____ Centers.											
1.											
2.											
3.											
4.											
5.											
6.											
7.											

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- iv. Persons who are not suitable/debar by the University for any examination work.

*R- Regular *T- Temporary
* A- Adhoc *C- Contractual

Bank IFSC

College Dispatch No- _____ Date: _____

Signature of the Principal / Head of the Institution
(official stamp).

Full Name (IN CAPITAL LETTERS) _____

Tel. Phone / Fax Number _____ Mobile No. _____

Office Email. _____
Principal Official Bank Account No. _____
Code _____

College Controller/Registrar- Mobile Number _____

IMPORTANT NOTE : NO CLOUMN SHALL BE LEFT BLANK AND ALL THE COLOUMN SHOULD TYPED

Persons recommended should be apprised of the recommendation and an assurance be obtained from them that they will not back out at the eleventh hour