



**Guru Gobind Singh Indraprastha University**  
Sector-16C, Dwarka, Delhi - 110075

**Affiliation Branch**

No.: GGSIPU/JR(Aff)/2011/ 527

Dated: 29.09.2011

To,  
The Principal/Director  
(All affiliated Institutes)

**Subject** : Inviting applications from Principal/Director for the recognition of teachers in pursuance of Statue 18 of GGSIP University, Act No.(09) of 1998, Ordinance No. 8 vide amendment orders dated 29.09.2010.


Dear Sir/Madam,

In reference to the nomination of Principals in the statutory bodies of the University by the Competent authority as per proviso in Guru Gobind Singh Indraprastha University, Act 09 of 1998, I am directed to obtain applications from **Principal/Directors** working in the University affiliated Institutes/Colleges. You are therefore, requested to submit the application in the prescribed application proforma alongwith all relevant documents. The duly filled in applications should reach the affiliation branch latest by 29<sup>th</sup> Sept. 2011(3:30 P.M.) failing which it will be presumed that the Institute does not have Principal/Director in position.

This issues with the approval of competent Authority.

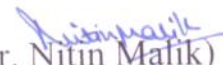
Encl: Application Format

Yours faithfully

  
(Dr. B.P. Joshi)  
Registrar

Copy to:

- (1) Chairman, All self financing Institutes.
- (2) PS to Hon'ble Vice Chancellor for information.
- (3) Incharge Server Room, with request to upload it on the University website.

  
(Dr. Nitin Malik)  
Joint Registrar-Affiliation

**Performa for Application**  
**Recognition of Teachers**



**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY**  
**Sector-16 C, Dwarka, Delhi-110075 Website : [www.ipu.ac.in](http://www.ipu.ac.in)**

Affix a recent passport size photograph of the faculty duly attested by the Director/Principal of the Institute

1. **Name of the Teacher** \_\_\_\_\_  
(in capital Letters)
2. **Date of Birth (In figure)** \_\_\_\_\_
3. **Present Designation** \_\_\_\_\_
4. **Mention the programme** \_\_\_\_\_  
**For which appointed**
5. **Date of appointment in the present College/Institute** \_\_\_\_\_
6. **Pay scale and Total emoluments**  
(including all admissible allowances) \_\_\_\_\_
7. **Subject for which Approval is sought** \_\_\_\_\_
8. **Whether applicant is recognized as Teacher by GGSIPU** \_\_\_\_\_  
**Or any other University ? If yes, give details and annex proof.**

9.*	Details of Academic Qualifications (from Graduation onwards)	Subject (s)	Division	% age of marks	Year of Passing Exams.	University
(i)						
(ii)						
(iii)						
(iv)						
(v)	Any other higher Qualifications					

\*Enclose copy of mark sheets & degrees duly attested by the Director/Principal

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10. List of research works
- (i) List of Publications in International/National Journals.
  - (ii) List of Books (published, if any)/Publication in Edited Books etc.
  - (iii) List of Papers/Posters Presented/Accepted in International/National Conferences/Seminars.
  - (iv) Research Project/Grants (If any) \_\_\_\_\_
  - (v) Awards/Achievements in Research (If any) \_\_\_\_\_
  - (iv) Any other: \_\_\_\_\_

(Attach a separate sheet duly attested, if required)

11. Kindly provide details of teaching experience if any along with necessary supporting documents
12. Whether NET/GATE qualified details thereof \_\_\_\_\_  
(kindly append the copy of the UGC/CSIR order).

Signature of the applicant

*To be filled by Principal/Director of the Institute*

- (i) Whether the Minutes of the Selection Committee have been enclosed (mention date) Yes / No
- (ii) Whether the details in respect of Qualification / Experience have been verified Yes / No
- (iii) Remarks of Principal/Director (Enclose a separate sheet along with recommendations)

Signature of the Principal / Director with Stamp

**Summary of the applications of candidates (forwarded to Affiliation Branch) for consideration for Recognition of teachers as per the University Rules**

Name of the Institute: \_\_\_\_\_

Name of the Programme: \_\_\_\_\_

Name of the Candidate	Applied for Teachers as (Professor/Associated Professor/Assistant Professor)	Qualification	Percentage/Division in Post Graduation	NET UGC/CSIR/SLET, if any	Experience	Research Publication (International & National Journals)	No. of Books (published, if any)/ Publication in Edited Books	No. of Papers/ Posters Presented/ Accepted in International/ National Conferences/ Seminars	No. of Research Project/ Grants (If any)	No. of Awards/ Achievements in Research (If any)	Remarks

It is certified that above details have been checked and verified.

Signature of the Director/Principal: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Seal of the Institute: \_\_\_\_\_

- NOTE: 1. The soft copy of the format is to be in Microsoft Word 2003 only.**  
**2. Every page is to be duly authenticated by the Director alongwith the seal of the Institute.**  
**3. Separate summary is to be prepared for each programme.**