



**Performa for Application
Recognition of Teachers**

Guru Gobind Singh Indraprastha University

Kashmere Gate, Delhi-110403 Website: 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.

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 Recognized 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.