

PROFORMA

Name & address of the institution with pincode:

Telephone Number :

E-mail id :

University to which affiliated :

Name of Panchayat/Municipality/Corporation :
in which the institution is situated

Year of Starting :

Signature of the Head of the Institution:

Name of Institution :

Details of Teaching Staff(as on 30-9-16)

Sanctioned Strength :

No. of Teachers			No. of Teachers having Ph.D			No. of Teachers having M.Phil			Having both Ph.D & M.Phil			No. of Guest Lectures Appointed		
Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total

Details of Non Teaching Staff(as on 30-9-16)

Sl.No	Name of Post	Sanctioned Strength	Existing Strength

Signature of the Head of the Institution :

****Each & every column must be filled**