ANNEXURE-III

TEACHING EXPERIENCE CERTIFICATE FOR UGC QUALIFIED GUEST LECTURERS WORKING IN GOVERNMENT COLLEGES, ASSISTANT PROFESSORS WORKING IN AIDED / PRIVATE COLLEGES

(Separate Form should be used for each Institution)

a) 1. Name of the Candidate :
2. Post Held :
3. Name of the Institution with Full Address :
4. Email Id of the Institution :

b) Father's / Husband's Name :

c) Date of Birth :

Recent Passport Size-Photograph of the candidate duly attested by the Certificate issuing authority (Sign and Seal should be partly in Photograph and application)

Details of Teaching Experience : Academic Year wise

Sl. No.	Academic Year		Subject Taught	Whether (UG / PG Level)	No. of Periods per week	Period of Service			
	From	To				Date		Period	
						From	To	Month	Days
1.									
2.									
3.									
4.									
5.									

Certified that the above particulars are verified against records maintained in the Institution / College and are found correct. Also certified that a copy of the certificate issued along with records is maintained by this office for future reference.

Place:

Date:

Principal / Head of the Institution

Name :

(Office Seal) :

Countersignature

Verified the above particulars with the appointment order/ Institution/ College - Staff approval order/ Attendance / Acquittance / ECS Statements and other relevant records and found to be correct. I also certify that before countersigning this experience certificate I am satisfied with the genuineness of the records relating to the candidate. A copy of the same is maintained in this office for future reference.

Ref. No:

Place:

Date:

Authorised / Competent Authority

(R. J. D).....Region

Name:

Designation:

(Office Seal)

Certificate approved by

Joint Director (P & D)
Directorate of Collegiate Education
Chennai