ANNEXURE-IV

TEACHING EXPERIENCE CERTIFICATE FOR UGC QUALIFIED GUEST LECTURERS AND ASSISTANT PROFESSORS WORKING IN UNIVERSITY / DEEMED TO BE UNIVERSITIES

(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			
						Date		Period	
	From	To				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.

Registrar

Place: Name :

Date: (Office Seal) :