

**PROFORMA**

(Notification No. RGU/AUTH/ANNUAL RETURN/ 061/2016-17 Date: 03.08.2016)

**Annual Return of Faculty position for the year . . . . .**

- 1) **Name of the Institution:**
- 2) **Year of Establishment:**
- 3) **GOK Orders Numbers:**
- 4) **Apex body approval for all the courses offered (Seats & Ref. No.):**
- 5) **RGUHS Affiliation Ref. No. & Date:**
- 6) **Courses offered:**
- 7) **Admission details of all the courses offered:**

Consecutive three previous Years	Sanctioned intake	Categories of admission					Students Admitted	Approval status
		KEA	KRLM	Comed-K	AMPCK	Others		

**8) Faculty Position ( Enter each department in separate sheets)**

Sl. No	Name, email - ID and phone number	Qualification	Designation	Department	Status of Employment (Permanent/ Temporary)*	Teaching Experience*	Scale of Pay	Attach Form No. 16 and Bank Statement reflecting salary deposited
1								
2								
3								
4								
5								

**Note:** Form No. 16 and Bank Statement shall be duly attested by the Head of the Institution.

**9) Faculty Promoted during the previous year, if any**

Sl. No	Name, email - ID and phone number	Qualification	Department	Teaching Experience	Previous designation and pay scale	Present designation and Current Scale of Pay
1						
2						
3						
4						
5						

**Note:** Attach copy of promotion order duly attested by the Head of the Institution.

**10) New Recruitment during the previous year, if any**

Sl. No	Name, email - ID and phone number	Qualification	Department	Earlier teaching Experience	Scale of Pay	Designation	Status of Employment (Permanent/ Temporary)
1							
2							
3							
4							
5							

**Note:** Attach copy of appointment order and joining report duly attested by the Head of the Institution.

**11. Faculty discharged from service during the previous year, if any**

Sl. No	Name, email - ID and phone number	Qualification	Designation	Department	Date of discharge	Reasons for discharge
1						
2						
3						
4						
5						

**Note:** Attach copy of relieving order duly attested by the Head of the Institution.

## 12. Faculty position abstract

SN	Designation	Existing	Promoted	Newly recruited	Discharged
1	Professors				
2	Associate Professors				
3	Assistant Professors				
4	Senior Lecturers				
5	Lecturers				
6	Tutors				
7	Others Staff (Non teaching)				
8	Total				

**Note: The Heads of the Institutions shall -**

- 1) Submit the duly filled return in the above proform both in hard and soft copy on or before July 31<sup>st</sup> of every year.
- 2) Furnish the bank statement reflecting monthly salary, ESI, PF, Group insurance paid to each faculty member along with form No. 16 both in hard and soft copy.
- 3) Intimate the change in faculty positions if any, within 10 days, to the Registrar, RGUHS.
- 4) Submit Soft copy in PDF through official e-mail ID of the Head of the Institution for authenticity.

*Non compliance of above instructions will attract disciplinary action and will not be considered for future affiliation inspections.*

**Note: For the year 2015-16 the above mentioned details shall be submitted on or before 10<sup>th</sup> November 2016.**

## **DECLARATION**

I, the undersigned, do hereby declare that I have verified the records maintained in the office in respect of the information above mentioned along with certificates/ documents submitted by the teacher with the original certificates/ documents and true to my knowledge, information and good belief. They are found correct and authentic.

Further, I vouch that this declaration if turns out to be either partly or wholly incorrect I shall be equally responsible besides the teacher concerned for any such mis-declaration or misstatement.

Date:

Place:

Countersigned by the  
Director/Dean/Principal with official seal