

PROFORMA

NAME OF THE INSTITUTION
WITH POSTAL ADDRESS

Sl No.	Name of the Staff & Designation	Date of Birth / Age	Qualification and year of Passing UG/PG/Ph.D	Total Teaching Experience after acquiring PG qualification	Subject(s) Eligible for teaching	Contact No. Office/Res. Mobile No / E-Mail ID	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	