

SHRI JAGANNATH SANSKRIT VISHV VIDYALAYA : SHRI VIHAR : PURI

REGISTRATION OF UNIVERSITY COLLEGE TEACHERS

FORM OF APPLICATION

To

The Kulasachiva,
Shri Jagannath Sanskrit
Vishvavidyalaya, Shri Vihar, Puri.

Sir,

I request to enter my name in the register of College teachers maintained under Section 9(i)(s) of the Orissa Universities Act, 1990 and Statute 102 (1) and (2) of the Orissa Universities First Statute 1990.

1. Name (in full in block letters) :-

2. Father's name (in block letters) :-

3.(a) Permanent address : Vill:-

Po:-

P.S.:-

Dist:-

pin -

Contact No. _____

(b) Date of birth :-

4. Name of the Sanskrit
College in which employed
and date of employment :-

5. Qualification with class
and date of same :-

(Copies of the certificates
attested by a gazetted officer
should be attached).

6. Specialisation :-

7. Name of the department and
designation of the applicant :-

8. Name of the subjects and
the classes in which teaching :-

9. Period of teaching experience
as a teacher :-

10. Postal address to which
communication will be sent :-

11. Amount of the registration fee of Rs. 100/- deposited :-

(i) If deposited in the University counter the money receipt should be attached and no. and date of the receipt should be mentioned :-

(ii) If deposited under bank draft the bank draft should be attached and the number and date of the bank draft and the name of the bank should be mentioned :-

I declare that the statement above made me are true and correct to the best of my knowledge.

Place :-

Full signature of the applicant

Date :-

Designation :-

Countersigned

Signature of the Principal of the College

(Seal)