

Dr. Babasaheb Ambedkar Marathwada University**APPLICATION FOR RECOGNITION AS A POST-GRADUATE TEACHER OF THE UNIVERSITY****To Teach Post-Graduate Classes in the subject of****Under the Faculty of**

Surname

Name

Father's/ Husband's Name

Residential Address

College / Dept. Address

Phone

Fax

Subject and the degree in respect of which
the applicant desires to be recognized

Qualification	University	Year of Passing	Subject	Class
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1) P.G.

2) M.Phil

3) Ph.D.

Total Teaching Experience

Degree classes From to

(Please attach certificate from the Principal of the College/Head of Department)

Present Teaching assignment in the
College/Department

No. of periods per week

(i) Degree Classes

The Institute in which applicant proposes to
teach/guide the students and whether the
facilities are already recognised.

I have paid Rs. 100/- vide receipt No. D.D. No.

Dated and the information the form is correct to the best of my knowledge.

Date

(Signature of the applicant)

Forwarded with compliments to the Registrar, Dr. Babasaheb Ambedkar Marathwada University,
Aurangabad. [P.T.O.]

Dr. Babasaheb Ambedkar Marathwada University

APPLICATION FOR RECOGNITION AS A POST-GRADUATE TEACHER OF THE UNIVERSITY

Certified that Shri/Dr./Smt.
 has been working in this college as Since dated
 his/her appointment is approved by the University Vide letter No.
 dated His/her Services are permanent.

Surname

Name

Father's/Husband's Name

Residential Address

College/Dept. Address

Date :

Signature of the Principal /
 Head of the Department

Fax

Phone

(For Office use only)

Recommendation of the Research & Recognition Committee.

- 1) Dean,
- 2) Head of the Department
- 3) Dr./Shri Chairman,

Board of Studies

- 4) Internal Expert
- 5) External Expert

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2) M.Phil

3) Ph.D.

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No. of periods per week

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