PANJAB UNIVERSITY, CHANDIGARH

Proforma for Appointment as Sub-Examiner/Head Examiner for Undergraduate/Postgraduate (B.A. /B.Sc/B.Com B.B.A./B.C.A./B.Ed/M.Ed and M.A./M.Sc.,M.Com. etc) Examinations to be held in 201__

Ecoultyn	(To be filled in by the Teachers of Affiliated Colleges/University Teaching Departments)			
racuity:				
1.	Name in full: Dr/Shri/Shrimati/Miss			
1.	(in block letters)			
2.	Designation:			
4.	Date of Birth (In Christian era).			
5.	Academic Qualification with % of marks in Post-graduation:			
<i>5</i> . 6.	UGC/NET Qualified(Yes/No)			
7.	Name of the College/Department where working.			
7. 8.	Whether Member of Board of Studies: (Yes/No)			
٥.	(If yes, indicate the relevant period: from			
9.	Disqualification, if any for University remunerative work, also starting the period:			
4.0	from to			
10.	(i) Total I teaching experience with date of joining for under graduate classes in the affiliated college:			
	:			
	(ii) Total I teaching experience with date of joining for Post graduate classes in the affiliated college:			
	ann ar			
		FOR THE EVALUATION OF AS		
	Class	Subject	Paper/Option	
(a)				
(b)				
(c)				
(d)				
11.	Residential Address:			
			Pin:	
12.	Telephone No. Residence: College:			
	Mobile No.: E-mail Id			
		_	the best of my knowledge and belief that	
no	thing has been concealed	d therein.		
Place:				
Dated: .				
	Re	ecommendation of the Principal/He	ad (Full Signatures)	
		(Signature of the Principal/Head	d of the Institution with	
		Office Rubber Stamp)		
			Dated:	
Importa	ant Notes:			
(i)	Name of teachers who	do not fill this proforma, will not to	be sent to the respective Board of Studies	
	for approval. No claim for examinership shall be entertained later on.			
(ii)		If the number of copies of this proforma sent by the office fall short of the required number, more		
	copies maybe got typed/Photostat as per the institution needs.			
(iii)	Experience for undergraduate classes and post Graduate classes be mentioned separately if any.			