Format of Proceedings of Selection Committee for Appointment of Faculty in the Affiliated Colleges/Institute

Name of	the College:					-	
Pr	oceedings of the meeting	of the Selection Committee for	the post of	1			-
Advertise	d in (i)		dated	and			
Advertised in (i)(ii)		dated_	h	eld at			
Sr. No.	Name of the candidate	Father's Name	Date of Birth	Academic qualifications (from matric onwards)	NET/SLET/M.Phil/Ph.D with year of passing	Details of teaching experience	ID No., if any allotted by the University
	*						
	ction Committee recomme	ends the following candidates is	n order of merit:-		ž)		
The qual		other particulars of the candic	date(s) have duly be	en checked by the Selection	n Committee and the recomm	nended candidate fulfils	the minimum
The cons	titution of the Selection (Committee is as per rules and in	n accordance with t	he specialization of the pos	t.		
(Signatures of the President/ his nominee with full name) (Signatures of the Secretary/ his nominee with full name)		with name, de	signation with	atures of the Subject expert/ name, designation cialization and full address	Signatures of the Subject expert/ with name, designation specialization and full address		