

KANNUR UNIVERSITY

(ACADEMIC A SECTION)

Acad.A4/General/2019

Dated: 02.07.2021

U.O. NOTE

Sub:- Format for submitting Staff Profile upload in the website-Reg.

Ref:- The orders of the Registrar dated 28.06.2021

The prescribed format to fill up the Staff profile of the Un-aided colleges was available in the University website. But after modification of the website, the format is not seen in the website.

Now, as per the reference above, the Registrar has granted permission to upload the prescribed format in the website again, to facilitate the Colleges to download the same and submit the filled in profile.

Therefore, as ordered by Registrar, it is hereby requested to take further necessary action in this regard.

The prescribed format is attached herewith.

Sd/-ANIL CHANDRAIN R Assistant Registrar I For REGISTRAR

As above Encl:

То

IT Cell

Approved Fortssue SECTION OFFICER

KANNUR UNIVERSITY ACADEMIC BRANCH

NAME OF THE COLLEGE:

PART-A (Consolidated List of Teachers)

the Teacher	Birth	ent	Qualifications with % of Marks	DepartuneQualificationsNET/SLET/GATEDate ofTotalentwith % ofetc. PassedjoiningServiceMarks(Eligibility)to thePresentPresentPostPost	Date of joining to the Present Post	Total Service	Previous Experience (College/University level)	Remarks

Signature of the Principal

Name:

Date:

Place:

Part B (Biodata of teachers)

- 1. Name:
- 2. Address:
- 3. Age & Date of Birth:
- 4. Qualifications:

SI No	Degree	University/Institution	Subject with specialization	% of Marks	Year of Passing

5. Research Experience:

6. Number of papers published with details

7. Details of experience

SL No.	Name of the organization/institution	Designation	Total Years of service

8. Details of experience as an University examiner:

9. Nature of appointment to the Present post: Permanent/Daily Wage 10.Scale of Pay

i. Total monthly emoluments a) initial Pay:

ii. Daily allowance (in the case of DW hands)

11.Signature with date:

12.Counter Signature of the Principal (after verification) b) Current pay:

Name of the College:

Part (C) (Workload statement)

SI No.	SI No. Name of the	Courses	Lecture	Practical	Number of
	Department	offered	Hours	hours	teachers
					presently
					working

Signature of the Principal:

Date: