

## PONDICHERRY UNIVERSITY PUDUCHERRY

Dr. S. MANIVANNAN
DEPUTY REGISTRAR(ADMN)

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Date: 13.05.2014

No. PU/Estt(T)/ET-6/2014-15/

CIRCULAR

Sub: PU-Estt-Creation of Electronic Data Base – Personal details of Teaching staff called for – Reg.

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It is proposed to create an electronic data base of service particulars of all Teaching staff.

In this connection, all Teaching staff are hereby requested to submit their personal details in the prescribed form and submit the same to the undersigned on or before 02.06.2014.

The Teaching staff are requested to follow the instructions given under, for filling the enclosed format:

- Application should be filled by the concerned employee.
- No Column should be left blank.
- iii) In the case of no data available, indicate as "Nil".
- Names and other details are to be filled in as per service records.

All are requested to extend full co-operation for speedy creation of electronic database.

DEPUTY REGISTRAR (ADMN.)

Encl: As above

To

All The Teaching staff ......Through Proper Channel

Pondicherry University

Puducherry.

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 Previous Experience (Use separate sheet, if space is not sufficient)

## **PONDICHERRY UNIVERSITY**

## PERSONAL DETAILS OF TEACHING STAFF (Establishment Teaching Section)

Photograph Paste Here 1. Employee Code 2. Employee Name (In BLOCK LETTERS) (As per Record) **■** Signature 3. Gender (Please tick any one) : Male / Female 4. Name of the Father (As per Record) 5. Name of the Mother (As per Record) 6. Name of the Spouse, if Married: (As per Record) Date Designation 7.Date of Initial appointment in the University with Designation: 8. Subsequent Promotions under CAS Date Designation with Date: (Use separate sheet. if space is not sufficient) Date Designation 9. Present Designation 10. Nationality : Indian / If Others (Specify): (Please tick any one) 11. Category : General / OBC/SC/ST/PWD (Please tick any one) 12. Educational Qualifications: 13. Professional & Technical Qualifications:

...2/-

**Recent Passport Size** 

15. Height	:					
16. Personal Marks of Identific	cation:	i)				
		ii)				
17. Appointed against (Please tick any one)	; Ger	neral / OBC	/ SC / ST / I	PWD		
18. Religion (Please tick any one)	: Hi	: Hindu / Muslim / Christian / if Others (Specify):				
19. Date of Birth						
20. Date of Superannuation	:					
21. Employment Type (Please tick any one)	: Reg	gular / Deput	ation / Contra	ect		
22. Field of Specialization (Use separate sheet, if space is not sufficient)	÷					
23. No. of Publications	: [	Books	Journals	Others		
24. Dependent Family Details: (Use separate sheet, if space is not sufficient)		Name		R	elationship	D.O.B
25. Permanent Home Address	ss:					
5						Pin Code:
26. Communication address (if both address are same pl mention -	: AsAbove	-)				

Pin Code: ...3/-

27. Mobile No.	:+91-
28. Landline No.(with STD Cod (Residence No. only.)	le):
29. E-mail ID	:
30. In case of an emergency Contact Address	:
Name of the Person to be contacted	
Address of the Person	n
Relationship	
Phone No.	
E-Mail ID (if any)	
31. Blood Group	ş
32. Place of Birth	I
33. Home Town	\$
34. Indian Bank A/c No.	:
35. GPF / CPF/ NPS No.	:
36. Health Card No.	
37. PAN Card No.	
	DECLARATION
I hereby declare that the belief.	e above said information all are true to the best of my knowledge and
DATE:	CICAL TUDE OF EATH OVER
DATE.	SIGNATURE OF EMPLOYER