

PONDICHERRY UNIVERSITY PUDUCHERRY

Dr. M. RAMACHANDRAN REGISTRAR (I/C) Dr. B.R.AMBEDKAR ADMN. BUILDING R.V. NAGAR, KALAPET PUDUCHERRY – 605 014 PHONE No. 0413-2654202 E-MailID: registrar@pondiuni.edu.in

No. PU/Estt(T)/ET-6/2016-17/ 6

Date: 08.04.2016

CIRCULAR

REMINDER - III

Sub: PU-Estt-Creation of Electronic Data Base – Personal details of Teaching

staff called for – Reg.

Ref: 1) Our Circular dated 21.05.2014.

2) Our Circular dated 10.12.2014.

3) Our Circular dated 25.11.2015.

It is found that some Faculty members have not furnished their personal details for creation of Electronic database.

Hence, these Faculty members are requested to submit their personal details in prescribed form on or before 18.04.2016 to enable this office to complete the process.

You kind co-operation for speedy creation of Electronic database is solicited.

VJ2amcelland-REGISTRAR (I/C)

Encl: Format

Jayam==D:\ET6\Circular.doc

To
All the Faculty membersThrough Proper Channel
Pondicherry University
Puducherry.

NOTE: If any Teaching Staff had already furnished his personal details, kindly ignore this circular. However, kindly send a copy of <u>Aadhaar card</u> to the Teaching section.

Copy to
The Systems Managerwith a request to host in the University Website.
Computer Centre
Pondicherry University
Puducherry – 14



PONDICHERRY UNIVERSITY

PERSONAL DETAILS OF TEACHING STAFF (Establishment Teaching Section)

Recent Passport Size
Photograph
Paste Here

1. Employee Code	:	

2. Employee Name : (In **BLOCK LETTERS**) (As per Record)

3. Gender (Please tick any one) : Male / Female Signature	
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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)

7.Date of Initial appointment in the University with Designation & Department:

Date	Designation	Department

8. Subsequent Promotions under CAS with Date:

(Use separate sheet, if space is not sufficient)

Date	Designation

9. Present Designation :

Date	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:

14. Previous Experience (Use separate sheet,

if space is not sufficient)

15. Height	:		
16. Personal Marks of Identification: i)			
	ii)		
17. Appointed against (Please tick any one)	: General / OBC / SC / ST / PWD		
18. Religion (Please tick any one)	: Hindu / Muslim / Christian / if Others (Speci	fy):	
19. Date of Birth	:		
20. Date of Superannuation	:		
21. Employment Type (Please tick any one)	: Regular / Deputation / Contract		
22. Field of Specialization (Use separate sheet, if space is not sufficient)	:		
23. No. of Publications	: Books Journals Others		
	, Name Relations	hip D.O.B	
24. Dependent Family Detai (Use separate sheet, if space is not sufficient)	ls:		
25. Permanent Home Addre	SS:		
		T. 6	
26. Communication address (if both address are same pl. mention		Pin Code:	

27. Mobile No.	:+91-
28. Landline No.(with S (Residence No. only.)	STD Code):
29. E-mail ID	:
30. In case of an emer Contact Address	rgency :
Name of the P to be contacted	
Address of the	Person
Relationship	
Phone No.	
E-Mail ID (if a	ny)
31. Blood Group	:
32. Place of Birth	:
33. Home Town	:
34. Indian Bank A/c N	No. :
35. GPF / CPF/ NPS 1	No. :
36. Health Card No.	:
37. PAN Card No.	:
38. <u>Aadhaar Card N</u>	<u>o.</u> :
	<u>DECLARATION</u>
I hereby declare belief.	e that the above said information all are true to the best of my knowledge and
DATE:	SIGNATURE OF EMPLOYEE