

Academic Planner 2015-16

Name of the School/Department/Centre:

Sl. No		Intercom No.	Office No.	Residence/ Mobile No.	Signature
1.	_____ & HEAD (or) DEAN Name: E-mail Id:				
	PROFESSOR				
1.	Name: E-mail Id:				
2.	Name: E-mail Id:				
3.	Name: E-mail Id:				
4.	Name: E-mail Id:				
5.	Name: E-mail Id:				
6.	Name: E-mail Id:				
7.	Name: E-mail Id:				
	ASSOCIATE PROFESSORS/ READERS				
1.	Name: E-mail Id:				
2.	Name: E-mail Id:				
3.	Name: E-mail Id:				
4.	Name: E-mail Id:				
5.	Name: E-mail Id:				
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7.	Name: E-mail Id:				
8.	Name: E-mail Id:				

9.	Name: E-mail Id:				
10.	Name: E-mail Id:				
	ASSISTANT PROFESSOR				
1.	Name: E-mail Id:				
2.	Name: E-mail Id:				
3.	Name: E-mail Id:				
4.	Name: E-mail Id:				
5.	Name: E-mail Id:				
6.	Name: E-mail Id:				
7.	Name: E-mail Id:				
8.	Name: E-mail Id:				
9.	Name: E-mail Id:				
10.	Name: E-mail Id:				
	Department/Centre Office Number:				
	Department/Centre Fax Number:				

Note:

- Kindly mention two E-mail Ids only.
- Kindly mention your details as per seniority wise
- Enclosed proforma should be neatly Typewritten and sent to PR Wing and a soft copy of the same sent to PRO's email Id: **pro_pcu@yahoo.co.in** or **pro@pondiuni.edu.in**

**Signature of the HOD
with Office seal**