

PG

Kindly forward the recognition form alongwith all the documents to the University for Consideration as per University Ordinance :-

CHECKLIST

1	Application shall be made in writing in the prescribed in original form form and shall be submitted through the HOD/ Director/ Principal which <u>applicant is working</u> .
2	Application shall be made in <u>separate prescribed form</u> for (By Papers, By Research and Ph.D. guide Recognition).
3	Application form should be fully filled up by the teacher and must be verified and forwarded through the College/ Institute alongwith <u>separate forwarding letter</u> of the Higher Authority of College/ Institute.
4	All qualification certificates must be attach alongwith every application form. Marksheet & Convocation Certificate compulsory
5	Attach Xerox copy of Approval letter issued by the University <u>CONCOL</u> section stating therein Applicant's appointment is approved by the University as full-time Teacher at the College/ Institute <u>on a probationary/permanent/transfer basis</u> .
6	Attach Earlier Recognition letter (if required).
7	Attach ' <u>UG and PG Teaching Experience Certificate</u> ' of the applicant in the subject issued by the College/ Institute authority (number of years with details)
8	Attach Marriage Certificate/ Gazette copy if change in the name (if required).
9	Application must be Submit alongwith <u>3copies</u> of paper published, articles, recognized journals and <u>3 copies of list of publications</u> (if required).
10	<u>No Objection Certificate</u> from the College/ Institute, Department in which the applicant proposes to guide research or teach (if required).
11	Email ID / Mobile No. compulsory
12	Permission letter for Recognition to enrol students for the Ph.D. degree/By Research in the concerned students

Faculty of Commerce & Management
Faculty of Humanities
Faculty of Interdisciplinary Studies

P.G. 12/12/19

**For Master's Degrees in the Faculties other than
Medicine and Dentistry.**

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**UNIVERSITY OF MUMBAI
APPLICATION FOR RECOGNITION AS A TEACHER
OF THE UNIVERSITY**

1. Applicant's Name in full in Capital Shri/Smt./Kum. _____
(Beginning with Surname) _____

Name and address of the College/Institution _____

Date of joining the College/Institution _____

2. (i) Residential Address _____

(ii) Residential Tel. No. (if any) _____ Mob. No. _____ (iii) Age ____ years.

(iv) Date of Birth _____ Date of Retirement _____

3. Designation and the exact position of the applicant on the teaching staff of the College/Institution in which he is working, showing its relation to the staff generally and whether his appointment is approved by the University (if approved enclose a certified Xerox copy of the CONCOL approval letter) –

4. The Degree or diploma course/s and the paper/s subject (with Branch/es, if any) for which the applicant desires to be recognized. Whether by papers or research.

5. The level i.e. whether Principal/Special/Major at which the subject (in which recognition is sought) is taught in the applicant's College.

6. Particulars of the degree and the subject/s in which the applicant is already recognized as a Post-graduate teacher of the University and date of recognition.

7. Particulars of University degrees, diplomas obtained by the applicant.

(A) Details of the papers offered and the class obtained at the Bachelor's Degrees examinations :—

Bachelor's Degree

Name of the University	Degree	Papers offered		Percentage of Marks	Class obtained	Year of passing	By Papers
		No.	Subject				

(B) Details of the papers offered and the class obtained at the Master's Degree examination :

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Master's Degree

Name of the University	Degree	Papers offered		Percentage of Marks	Class obtained	Year of passing	By Papers / Research
		No.	Subject				

(C) Details of other Examinations, if any passed by the Applicant :

Name of the University	Degree	Papers offered		Percentage of Marks	Class obtained	Year of passing	By Papers / Research or Published work
		No.	Subject				

8. Title/s of thesis/theses or published work for which the research degree/s was/were awarded –

9. Books and Research publications including articles embodying the results of research of investigations, published in recognized journals. (Give **ten** copies of list with dates of publication) (work done subsequent to the award of the research degree/s should be specifically indicated.

10. The branch of the subject in which in applicant has specialized with details of specialization.

11. Total teaching experience in years specifying the period, the subject/s and the classes taught.	Designation	University	College/ Institution	Subject	Classes	Years
(i) Undergraduate (First Year/Pre-Degree, Intermediate)						From to
						From to
						From to
(ii) Degree (First Year, Second Year Third Year etc.)						From to
						From to
						From to
(iii) Post-graduate (if any)						From to
						From to
						From to

12. Total experience in years of teaching to degree classes the subject for which the recognition is sought.	Subject	Class	Years	College	University
Experience in years of teaching to degree classes the subject for which the recognition is sought after obtaining the post-graduate degree/s in the subject –					

13. Previous experience of guiding Post-graduate students by research	Name of University	Number of Students		Branch of Subject	Years
		Master's degree by Research	Ph.D Degree		
Number of students registered for guidance					
Number of students guided by the applicant, whose theses have been accepted.					

14. Details of experience of teaching the subject at the **degree** level :—

(i) (Principal/Special/Major Level)

Name of the college	University	Class	Principal/Special/Major Level	Years

(ii) (Subsidiary/General Level)

Name of the college	University	Class	Mention whether Subsidiary or General Level	Years

15. A complete statement of the actual teaching work at the present being done :

Periods of Lectures per week _____ of _____ duration _____ Classes

Periods of Seminars per week _____ of _____ duration _____ Classes

Periods of Tutorials per week _____ of _____ duration _____ Classes

Periods of Laboratory per week _____ of _____ duration _____ Classes

Supervision

16. The place at which the applicant propose to guide research or teach,

The details as to the facilities available for the purpose (e.g. library/laboratory/equipment etc.)

The time as the disposal of the applicant.

17. The exact position of the applicant on the teaching staff –

(Give order of seniority)

Name of the Head of the Deptt.

(Give names of the other teachers in the Department in the order of seniority and whether they are recognized)

1.
2.
3.
4.
5.

Submitted through, the Head of the Department of the subject in the College/Institution and the Head of the Institute.

Date : _____

(Signature of the Applicant)

Date : _____

Signature of the Head of the Department
of the subject in the College/Institution

Date : _____

Signature of the Head of the Institution
through whom the application is submitted

Stamp of the
College/Institute