(----prescribed format of notarized affidavit to be filled up and submitted by all teachers of ASU colleges for the year 2019-20 to the visitors of CCIM----)

Passport Size Photograph of teacher (To be attested by Principal)

I Dr./Mr./Mrs./ (NAME OF THE TEACHER), aged \_\_\_\_\_Years, S/o or D/o(FATHER’S NAME) joined in this (NAME OF THE COLLEGE), on (DATE OF JOINING) and the details of my qualification and experience are mentioned below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S.**  **No.** | **Information of Teacher** | **To be filled up by Teacher** | | | | | |
|  | Name of the Teacher |  | | | | | |
|  | Teacher’s code |  | | | | | |
|  | Date of Birth  (dd /mm/yyyy) |  | | | | | |
|  | UG Qualification | Name of Degree |  | | | | |
| Passing Year |  | | | | |
| University |  | | | | |
|  | PG Qualification | Name of Subject |  | | | | |
| Passing Year |  | | | | |
| University |  | | | | |
|  | Additional qualification P.G.Diploma /Ph.D. | Subject |  | | | | |
| Passing Year |  | | | | |
| University |  | | | | |
|  | Post wise details of Experience in chronological order from the date of initial appointment | **Duration** | | | **Department (Subject)** | **Designation** | **Name of the college** |
| **From date (dd/mm/yyyy)** | **To date (dd/mm/yyyy)** | |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  | Presently working Department (Subject) |  | | | | | |
|  | Present Designation |  | | | | | |
|  | Nature of present appointment (regular/contract/deputation) |  | | | | | |
|  | Permanent Residential Address |  | | | | | |
|  | Local Residential Address |  | | | | | |
|  | State Board / Council Registration details | Registration Number | |  | | | |
| Name of State Board | |  | | | |
|  | Mobile Number |  | | | | | |
| Email ID |  | | | | | |
|  | Name of the Principal of college |  | | | | | |

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as a teaching faculty to any other institution for the visitation of same academic session, if any information given in this affidavit is found to be incorrect/ false, I shall be liable for any disciplinary action.

Date:

Place:

**Signature of Deponent/ Teacher**

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I further affirm that if any information given in this affidavit is found to be incorrect/ false, I have no objection for any disciplinary action against the concerned teacher and myself.

Date:

Place: **Signature of Principal with Stamp**