

(----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				
		Duration		Department (Subject)	Designation	Name of the college
1.	Name of the Teacher					
2.	Teacher's code					
3.	Date of Birth (dd /mm/yyyy)					
4.	UG Qualification	Name of Degree				
		Passing Year				
		University				
5.	PG Qualification	Name of Subject				
		Passing Year				
		University				
6.	Additional qualification P.G.Diploma /Ph.D.	Subject				
		Passing Year				
		University				
7.	Post wise details of Experience in chronological order from the date of initial appointment	<b>From date (dd/mm/yyyy)</b>	<b>To date (dd/mm/yyyy)</b>	<b>Department (Subject)</b>	<b>Designation</b>	<b>Name of the college</b>
8.	Presently working Department (Subject)					
9.	Present Designation					
10.	Nature of present appointment (regular/contract/deputation)					
11.	Permanent Residential Address					
12.	Local Residential Address					
13.	State Board / Council Registration details	Registration Number				
		Name of State Board				
14.	Mobile Number					
	Email ID					
15.	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**