The New College, Chennai – 600 014

Self-Appraisal Form for Confirmation / Regularisation of Service

1. Full Name in CAPITALS	:
2. Designation	: Assistant Professor
3. Department	:
4. Date of Joining duty in the college	:
5. Educational Qualifications	:

Sl. No.	Examination passed	% of Marks & Grade	Regular/ Correspondence. If regular - Institution studied	Month & Year of Passing	Board/ University
1	SSLC / 10 th				
2	+2/ PUC				
	Stream: Science /				
	Commerce /				
	Humanities				
3	UG:				
	Major:				
4	PG				
	Subject:				
5	M.Phil.				
	Subject:				
6	Ph.D.				
	Subject:				
7	Additional				
	Qualification				
	(Postgraduate level				
	qualifications Only)				

6. Whether qualified in **UGC/CSIR NET / JRF?** If yes, give details:

Whether Lectureship or JRF:				
Subject:				
Reg No:	Month & Year:			

Subject:	Subject: Reg No				
Month & Year:					
. Classes Handled during the Pro	bation period :				
. Have you registered for Ph.D.? Currently).	if yes, give details (Not applic	eable for those holding Ph.D.			
Date of Joining :					
Institution / University: Registration Number:					
	con: O : / / P C	1 / FDD 10			
O. Have you completed any onling give details. Output Description:		esher courses / FDPs, If yes,			
give details.		esher courses / FDPs, If yes, Researcher ID			
give details. 1. Give details of your Researche	er Information, if any.				
give details. 1. Give details of your Researche ORCID ID	er Information, if any. Scopus ID	Researcher ID			
give details. 1. Give details of your Researche ORCID ID	Scopus ID H-Index	Researcher ID			
1. Give details of your Researche ORCID ID Google Scholar ID	Scopus ID H-Index	Researcher ID			
1. Give details of your Researche ORCID ID Google Scholar ID	Scopus ID H-Index ser joining service, if any:	Researcher ID			

15. Personal Details

A	Father's Name	
В	Mother's Name	
С	Age and Date of Birth	
D	Place of Birth	
Е	Religion & Community	
F	Gender	
G	Marital Status	
Н	Aadhar Card number	
Ι	PAN Number	
J	Mobile Number	
K	Alternate Contact Number	
L	Address for Communication	
M	Permanent Address	

DECLARATION

I declare that the foregoing information is correct and complete to the best of my knowledge and belief.

Date: Name and Signature of the Faculty member

General Instruction:

- 1. Type the form using Times New Roman (12 points), take printout and submit the same to The Principal.
- 2. Please attach copies of certificates for online courses, seminars and additional qualifications secured after joining service in the college. You need not attach copies of educational certificates secured before joining the college.