



Rs. 50

Solapur University, Solapur Form of Changes in Teaching Staff

Instructions :-

- 1) This form is to be used for obtaining approval of the University to:-
 - i) New Appointments
 - ii) Substitute Appointments
 - iii) Transfers
 - iv) Change in Designations
- 2) Certified copies of the following documents must be attached with this form:-
 - a) The appointment / transfer order of the teacher as per Statute 195-Appendix-A.
 - b) The University letter/s granting approval to the Selection Committee Report / Changes in Staff Report.
 - c) P. G. Recognition, if any /
 - d) In case of Inter University Transfer.
 - i) approval letter of the concerned University.
 - ii) permission letters for transfers of both the universities.
- 3) In case of teacher, the form should be signed by the Principal
- 4) In case of Principal, the form should be signed by Chairman / Secretary of the Management.
- 5) Fully qualified candidates selected through University Selection Committee in a clear vacancy must be appointed on Probation.
- 6) Candidates selected through University Selection Committee in a clear vacancy but who do not have the necessary qualification, i. e. NET/SET or are not exempted from NET/SET will be appointed on Ad-hoc basis.
- 7) Any changes occurring during a term should be reported within fifteen days from the date of change.
- 8) Incomplete forms will not be considered and the forms will be send back.
- 9) **Form – I must be submit in Soft & Hard Copy along with this form.**
- 10) **Attach 9"x 5"size envelopewith address & stamp along with form for sent letters.**
- 11) **Form fees hassubmit in “Budget ProvisionForm fees” at Finance & Accounts Office, Solapur University, Solapur. The receipt is must be attached with this form.**

1	Name of the College / Institute	
2	Name of the Teacher Appointed (Beginning with Surname in Block/Letters)	
3	Contact No.	
4	Date of Birth	
5	Nature of Appointment (Full Time / Honorary)	
6	Tenure of Appointment (Temporary / Ad-hoc / Probation / Permanent / Honorary)	
7	Previous Designation:	
8	Present Designation:	

9	Whether it is a New Appointment or Substitute Appointment or an Appointment due to the Transfer.	
10	Date of Appointment in Institution	
11	Date of Joining in this College	
12	Letter No. and Date of University letter granting approval to the Selection Committee Report (for New appointments)	
13	Letter No. and Date of Approval of the University to the appointment (Changes in Staff) if any, (in transfer cases)	
14	Subject/s in which approval has been given	
15	Information of Pay Scales	
a)	Scale of Pay	
b)	Present Basic Pay	
c)	Allowances	
d)	Total emoluments	
e)	Previous Pay Scale if appointments due to Change in Designation	
16	Whether opted for Provident Fund/ Pension	
17	Whether Recognized as a Post - Graduate Teacher (A Copy of approval letter to be enclosed)	
a)	Subject in which Post -Graduate Recognition is sought	
b)	Letter No. & Date of Recognition:	
c)	By Papers By Research	
d)	Research Guidance, if any	
e)	M.Phil. / Ph.D.	
f)		

18. Qualifications								
Sr. No.	Name of the Examination	Name of the Degree obtained	Name of the University	Percentage of Marks	Passing Year	Name of Subjects with no. of Papers Offered		Class Obtained
						Principal level	Sub ordinate level	
1.	First Degree							
2.	Master's Degree							
3.	SET							
4.	NET							
5.	M.Phil.Degree: Title of the Thesis :							
6.	Ph.D. Degree: Title of the Thesis							
7.	* Teaching Qualifications ** or Professional Qualifications							
8.	Any Other Qualification							

* In case of Teachers in the Faculty of Education		
* In case of Teachers in the Faculty of Engineering / Law / Commerce		
19.	1. Professional experience in years	
	2. Members of Professional Institutes. If any, and type of Membership	
	3. Administrative Experiences in years	
	4. Professional Experience Standing at Bar (In case of Law Teacher)	

20. Teaching Experience

a) As Lecturer / Principal

Name of the College/Institute	Name of the University to which the College/ Institute is affiliated	Experience					
		Degree Teaching					
		Subject	From	To	Subject	From	To

b) Total teaching experience under (a) above :

I hereby declare that the information given as Sr. No. 16 to 19 is correct

Teacher's Permanent Address :

Shri./Smt. _____

Name &Signature of Teacher

21. Teaching work assigned :

Classes	Subjects	Periods per week			Total
		Lectures	Practical Periods	Others	

21. (A) In case of Part time teachers appropriate details regarding their teaching work in other colleges if any, must be given in the following format.

College	Classes	Subjects	Periods per week

22.	Details regarding Vacancy filled up	
1	Whether New Vacancy, if so, Sanction letter No. & Date	
2	Name of the Member who Left (if the vacancy is created due to transfer)	
3	Designation	
4	Date of Leaving	
5	Reason for Leaving	
6	Subject and Classes taught	
7	University approval letter No.	

23. Required Documents and Certificates(* Please tick mark the documents that have attached Alongwith this form& attached in below sequence)					
1	University Approval	<input type="checkbox"/>	2	Promotion letter of University	<input type="checkbox"/>
3	College Order	<input type="checkbox"/>	4	Transfer Order	<input type="checkbox"/>
5	Joining Report	<input type="checkbox"/>	6	Pay Fixation	<input type="checkbox"/>
7	Experience Certificate	<input type="checkbox"/>	8	In case of Transfer / Promotion enclose previous University Approval & Changes In Staff Approval Letters	<input type="checkbox"/>
9	Education Qualifications				
a	First Degree	<input type="checkbox"/>	b	Master Degree	<input type="checkbox"/>
c	SET	<input type="checkbox"/>	d	NET	<input type="checkbox"/>
e	M. Phil.	<input type="checkbox"/>	f	Ph.D	<input type="checkbox"/>
g	Other Qualifications if any :				

Certified that I have verified personally the information given above in the form and it is true and correct.

Date :
Place :

Name & Signature of Teacher
College / Management

Chairman/Secretary/Principal



SOLAPUR UNIVERSITY, SOLAPUR

Chart Showing the Details of the Teacher's approval of Changes in Staff/Change in Designation

Name of the College:- _____

Sr. No.	Name of the Teacher	Designation	Subject	Qualification		Year of Passing	Date of Appointment / Transfer/ Joining	Teaching periods per week	Nature of Appointment full time / part time C.H.B./ Honorary	Tenure of Appointment/ Temporary / Adhoc/ Probation/ Honorary	Experience		Basic pay	Remark (Office Use Only)
				Degree	Percentage						Teaching	Professional		
1	2	3	4	5		6	7	8	9	10	11		12	13

Date :

Place:

Seal of the College

Sign of the Principal