



## Punyashlok Ahilyadevi Holkar Solapur University, Solapur

ASAR Form-A

Statement showing information of the Teacher due for the placement in (Stage II) / (AL-11) / (AGP 7000) **OR** (Stage III) / (AL-12) / (AGP 8000) under CAS

Name of the Teacher :

Name of the College :

Subject :

Date of Screening Committee:

Assessment Year	Teaching (Good/satisfactory/not satisfactory)	Involvement in the University /College students related activities/research activities (Good/satisfactory/not satisfactory)	Date of Appointment & Approval	Date of Pay Fixation in (AGP 6000/ Stage I/ AL 10)	Date of Placement in (AGP 7000 / Stage - II / AL 11) <b>OR</b> Due Date of Placement in (AGP 7000 / Stage - II / AL 11)	Due Date of Placement in (AGP 8000 / Stage - III / AL 12) <b>OR</b> <b>Not applicable now</b>	Certificate by the college
							This is to certify that the details provided in this statement are true and are verified from the office records.  Principal Signature & Seal
Details of Refresher, FDP etc. courses completed							RECOMMENDATIONS OF SCREENING COMMITTEE
Sr. No.	Title	From	To	Total Grade in Assessment Period	Screening committee assessment		
1					FINAL REMARK (Yes/No)		
2							
						Recommended placement : From AL- 10/11 to AL-11/AL-12  Eligible for this promotion from (date): .....	

Subject Expert

Subject Expert

H. O. D./Teacher In-charge  
( Concern Department )

Govt. Representative

Principal