

Form No.- TBPS (Aff./Min.) - 02

For Affiliated/Religious & Linguistic Minority College only.
(Para-1(1) of the statute)

**Check Slip for Promotion of Reader
to the post of University Professor under 25 yrs. Time Bound Scheme.
Statute as approved by Chancellor vide Letter no. - BSU- 20/92-2680/GS (1) Dated - 14-09-1992
Validity-01.02.1985(Para-12) to 22.09-1995
(To be filled and forwarded by University)**

(In case of incomplete or ambiguous information, it will not be entertained by JPSC.)

1. Name of the Candidate : _____

2. Subject : _____

3. (i) Name of the College : _____

(ii) It is Affiliated or Religious & Minority College : _____

If Religious & Linguistic Minority College, mention date of deceleration for Minority College : _____
(Enclose letter of the Govt.)

4. Name of the University : _____

5. (a) Date of substantive appointment as Lecturer (Para I(l)(b) of the Statute) :

D	D	M	M	Y	Y	Y	Y
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(b) Date of confirmation as Lecturer:

D	D	M	M	Y	Y	Y	Y
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6. (a) Date of Promotion as Reader:

D	D	M	M	Y	Y	Y	Y
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(b) Date of Recommendation of the Commission for the Promotion as Reader-
(Enclose letter of the Commission)

D	D	M	M	Y	Y	Y	Y
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(c) Approval of the syndicate in the promotion of Reader, in accordance with the recommendation of the Commission :
Yes No if yes, annex Notification Letter. No. Dtd.

7. Computation of admissible period (Para I of the Statute) :

Sl.	Particulars	From	To	Duration						
(a)	Period rendered in Affiliated College (Degree Level)	-		<table border="1" style="display: inline-table;"><tr><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	M	M	D	D
Y	Y	M	M	D	D					
(b)	Period rendered in Religious & Linguistic Minority College (Degree Level)	-		<table border="1" style="display: inline-table;"><tr><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	M	M	D	D
Y	Y	M	M	D	D					
(c)	Total admissible period under Time Bound Promotion Scheme			<table border="1" style="display: inline-table;"><tr><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	M	M	D	D
Y	Y	M	M	D	D					
(d)	Date of completion of twenty-five years of continuous service as Lecturer/Reader			<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y					

8. Proposed date of promotion to the post of University Professor

D	D	M	M	Y	Y
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9. Educational Qualification of the Candidate :

Examination	Board/University	Subject	Year of Passing	Division/Class	% of Marks
Matric					
Intermediate					
Graduation					
Post Graduate					
M.Phil					
Ph.D					

Initial of Registrar

10. Up to date CC Rolls from the date of promotion as Reader till proposed date of promotion (Original CC Roll need to be enclosed as per Para 2 of the Statute).- Fill up & enclosed Annexure-I
11. Date of Promotion as University Professor recommended by Screening Committee (Original copy of the Proceeding and Chart of the screening committee need to be enclosed as per Para 2 of the Statute):

D	D	M	M	Y	Y	Y	Y
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12. Name & Address of Subjects Experts nominated by Vice Chancellor for Screening Committee (As per Para 2 of the Statute) :

Expert	Name	Address	Field of Activity	Designation	Location	Contact No.
I						
II						

13. Whether the proposal was ever rejected by the commission (Para 5 of the Statute): Yes No
 If yes, give details with letter no. of the Commission: _____

14. Reason for long pendency of promotion in view of HRD Letter No. : 402 dated : 27.03.2012
- _____
- _____

Certified that all information given above have been verified by me on the basis of record /documents which are correct.

Date :

Signature of Registrar

Seal :

List of Enclosures:

Name of the Candidate:

Annexure-I (See Sl. No. 10 of check Slip)

(See Para-2 of the Statute)

(a) Period Prior to 24.12.1986. (Date of approval of the statute by the chancellor) :

Whether CCR were being maintained during this period- Yes No

If Yes enclose copy of CCRs with comment of Screening Committee.

If No enclose certificate with comment of Screening Committee.

Give details as follows :

Year	CCR or Certificate	If Certificate, please mention name and designation of issuing authority in the corresponding year	Assessment report of Screening Committee

(b) Period after 24.12.1986

(i) Enclose CCR in the Prescribed Performa as approved by the Chancellor.

(ii) Give details as follows :

Year	Whether CCR enclosed Yes/No	Remarks of the screening committee

Date :

Signature of Registrar

Seal :

Name of the Candidate: