

URGENT/TIME BOUND

No: EDN-H(8)B(15)-1/2008-Contract
Directorate of Higher Education
Himachal Pradesh
Email.dir.edu@rediffmail.com , college_branch@rediffmail.com
Phone No.0177-2653120,2653575,Ext.221 Fax:0177-2812882

To Dated:Shimla-1 21st May,2015
All the Principals of Govt.Colleges
Himachal Pradesh


Subject: Regularisation of contract appointees in the Government Departments.


In pursuance to instructions issued by the Govt.vide Letter No.PER(AP)C-B(2)-2/2015 dated 7.5.2015 on the subject cited above.


In this regard, you are hereby directed to supply information in respect of all Contract Assistant Professors working in your college on the attached proformas "A" & "B" alongwith all relevant documents on or before 30.5.2015 positively through special messenger who have completed 05 years service as on 31.03.2015 .

Endst.No. Even
Copy for information to:-

Dated:Shimla-171001


Director of Higher Education
Himachal Pradesh
May,2015

1. The Dy Secretary(Hr.Edu) to the Govt.of H.P. w.r.t. Notification No.EDN-A-Kha(7)1/2015 dated 16.5.2015.
2. Incharge ,IT Cell with the direction to  this letter on the departmental website.


Director of Higher Education
Himachal Pradesh

**SUBMISSION OF PARTICULARS IN R/O CONTRACT ASSISTANT PROFESSOR (COLLEGE) FOR
REGULARIZATION AS ASSISTANT PROFESSOR AFTER COMPLETION OF 5 YEARS SERVICE
AS ON 31.03.2015**

1.	Name of Contract Assistant Professor			IP No.
				PMIS No.
2.	Subject			
3.	Father's Name			
4.	Address of Present place of posting with contact No			
		Phone No. with STD code or Mob. No of Principal		
5.	Name of institution where initially joined. Also mention Distt., Mob. No./ phone No. of the institution			
		Phone No. with STD code or Mob. No. of Principal		
6.	Permanent Address of candidate (Mob. No. mandatory)			
			Mob. No .of teacher	
7.	Date of Birth		Male/Female	
8.	Date of joining	Appointment order No & date (Also attach the copy of same)		
9.	Category (Gen/SC/ST/OBC) Attach copy in case of SC/ST/OBC			
10.	Detail of un-authorized absence period, if any till 31.03.2015 for which salary not drawn:			
	From (Date)	To (Date)	No of days	Reason of un-authorized absence
11.	Total length of service as on 31.03.2015 after excluding the period as mentioned in column No 10			

12.	Educational Qualification (Please attach copy of relevant certificates):-					
	Qualification	Name of Uni./Board	Year of Passing	Total Marks	Marks Obtained	Percentage
	Matric					
	10+2					
	BA/BSc/B.Com					
	MA/MSc/M.Com					
	M.Phil					
	Ph.D					
	NET/SET					
13.	Himachali domicile, specify Yes or No , if Yes attach copy of certificate					

14. **Medical fitness certificate and work and conduct certificates (attested copies) be sent to this Directorate alongwith information.**

1. It is certified that Sh/ Smt/Miss..... is working as contract Assistant Professor in.....subject who was initially appointed as such vide Govt.Notification No.....dated.....

(Copy attached).

2. His/her work and conduct isduring the period w.e.f..... till date.

3. Certified that separate character certificate of the above contract Lecturer is enclosed with the case.

4. Certified that the information as mentioned above is correct as per the school/relevant record.

5. Certified that all entries pertaining to individuals joining and leave etc. has been made in his/her service book.

Date:.....

Signature of Principal (official seal)

(Name of signing officer.....)

Check list for Principal/DDO to ensure before sending the case from institution:-

1. Whether all columns have been filled correctly. Don't make any alteration in the above Proforma.

2. Whether Mobile No./phone No in r/o teacher and institution is mentioned.

3. Whether all the documents have been attached in order i.e. Appointment order, Academic qualification certificate Martic, PG, M.Phil, Ph.D, NET/SET, Category certificate if any, character certificate and Domicile Himachali.

For office use only (at Directorate level):

Remarks of Screening committee if any :.....

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Whether Recommended for regularization or Not:.....

Signature of Member Signature of Member Signature Member Secretary Signature of Chairman

