## TIME BOUND

No: EDN-H(8)B(15)-1/2021-Contract Regularisation

Directorate of Higher Education

Himachal Pradesh

Dated:Shimla-1

29 Dec. ,2021

To

All the Principals of Govt.Degree /SKt. Colleges

Himachal Pradesh

Subject:

Regularization of contract appointees in the Government Departments.

Memo,

With reference to Govt. letter No. Per(AP) C-B (2) -1/2019 dated 28.12.2021 on the subject cited above, it is directed to supply information in respect of all Contract Assistant Professors who have completed 02 years of service as on 30.09.2021 working in your college on the proforma attached herewith alongwith work and conduct of last two years (year wise) and all relevant documents on or before

10.01.2022 alongwith medical fitness certificate

Director of Higher Education
Himachal Pradesh

Endst.No.

Even Dated: Shimla-1

29 12 ,2021

Copy for information to:-

1. The Secretary (Edu.) to the Govt.of H.P.

2. Incharge I.T.Cell with the direction to put up this letter on the departmental website.

Director of Higher Education Himachal Pradesh

PROFORMA-"A"

## SUBMISSION OF PARTICULARS IN R/O CONTRACT ASSISTANT PROFESSOR (COLLEGE) FOR REGULARIZATION AS ASSISTANT PROFESSOR

1.	Name of Contract						IP No.		
	Assistant Professo	r					PMIS No	),	
	Subject					191			
	Father's Name								
	Address of Presen	it							
	place of posting with contact No		Phone No. with STD code or Mob. No of Principal						
5.	Name of institution								
	where initially joined.		Phone No. with STD code or Mob. No. of						
	Also mention Distt.,		Principal				Į.		
	Mob. No./ phone No. of								
	the institution								
7.	Permanent Address of						'		
	candidate								
	(Mob. No. mandatory)		V2		Mob. I	Mob. No .of			
					teache	r			
	Date of Birth				Male/I	Male/Female			
8.	Date of joining		Appointment order No & date (Also attach the copy of						y of
				same)					
9.	9. Category (Gen/SC/ST/OBC) Attach copy in case of								
	SC/ST/OBC								
10.	Detail of un-authorized absence period, if any till 30.09.2021 for which salary not drawn:							wn:	
	From (Date) To (				f days Reason of		un-authorized absence		
						_			
		_							
							¥):		

(Name of signing Officer.....)

Date:.....