## TIME BOUND

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

Directorate of Higher Education Himachal Pradesh

Dated:Shimla-1

23<sup>rd</sup> March,2022

To

All the Principals of Govt.Degree /SKt. Colleges Himachal Pradesh

Subject:

Regularization of contract appointees in the Government Departments.

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 31.03.2022 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 **05.04.2022** .

Director of Higher Education Himachal Pradesh

Endst.No.

Even Dated: Shimla-1

23<sup>rd</sup> March,2022

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 IP No.

	Name of Contract				-	TO M		
	<b>Assistant Professor</b>				Pr	MIS No.		
. 7	Subject							
	Father's Name							
	Address of Present							
	place of posting with contact No		Phone No. with STD code or Mob. No of Principal					
5.	Name of institution					A Contract		
	where initially joined.	Phone No	Phone No. with STD code or Mob. No. of Principal					
	Also mention Distt.,	Principal						
	Mob. No./ phone No. o	of						
	the institution							
6.	Permanent Address of							
	candidate							
	(Mob. No. mandatory	)	Mob. No .of					
	(		teacher					
7.	Date of Birth		1000	Male/F				
8.	Date of joining		Appoint	nent ord	er No & date (	Also attach the copy of		
			same)					
0	Category (Gen/SC/ST	VORC) Attac	ch copy in o	ase of				
9.		7000)1111						
	SC/ST/OBC	1 1	absence period, if any till 31.03.2022 for which salary not drawn:					
10.					Desson of u	of un-authorized absence		
	From (Date)	Го (Date)	No	of days	Reason of un-authorized absorber			
						CHARLE I		
			W. FIRO					

	Educa	ational Qualificat	ion (Please attach co	certificates):-			
		fication	Name of Uni./Board	Year of Passing	Total Marks	Marks Obtained	Percentage
	Matr	ic					
	10+2						
	BA/B	Sc/B.Com					
	MA/I	MSc/M.Com					
	M.Pl	iil				14.	
	Ph.D					Hitte	
	NET	/SET					
	55.	Lali daminila s	pecify Yes or No, if	Ves attach co	ov of certificate		
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