

(On LETTER HEAD OF THE ORGANIZATION)
 (University / Institution of Higher Education / Research)
Certificate of Experience of Teaching at Post Graduate Level



F.No.

Date:

This is to certify that Dr./Sh./Smt. is presently holding the post of on substantive basis in our Organization/Department/Institute in the Pay Scale of (Level as per 7th CPC) with effect from

It is further certified the following is His/her experience of teaching at Post Graduate Level:

| Sl. No. | Cadre/ Post Held | Pay Level | Period of Teaching Experience at Post Graduate Level | | Total Period (Rounded to Years & Months only) |
|---|---------------------|-----------|--|----|---|
| | | | From | To | |
| 1. | Assistant Professor | | | | |
| 2. | Associate Professor | | | | |
| 3. | Professor | | | | |
| Total Period of Teaching Experience at Post Graduate Level | | | | | Years Months |

(Signature & Seal of the Head of the Institution)

(Signature & Seal of the Registrar
Of the Affiliating University)

(Note: Please use separate forms of the same in the event of different organizations/ departments)

(On the LETTER HEAD OF THE ORGANIZATION)
 (University / Institution of Higher Education / Research)
Certificate of Experience for Guiding Research

F.No.

Date:

This is to certify that Dr./Sh./Smt. is presently holding the post of on substantive basis in our Organization/Department/Institute in the Pay Scale of (Level as per 7th CPC) with effective from

It is further certified the following is His/her experience of Guiding Research

| Sl. No. | Designation / Post Held | Pay Level | Period of Guiding Research Experience | | Total Period (Rounded to Years & Months only) |
|--|-------------------------|-----------|---------------------------------------|----|---|
| | | | From | To | |
| 1. | Assistant Professor | | | | |
| 2. | Associate Professor | | | | |
| 3. | Professor | | | | |
| Total Period of Guiding Research Experience | | | | | Years Months |

(Name & Signature of the Applicant)

(Signature & Seal of the Head of the Institution)

(Signature & Seal of the Registrar
Of the Affiliating University)

(Note: Please use separate forms of the same in the event of different organizations/ departments)



(On the LETTER HEAD OF THE ORGANIZATION)
(University / Institution of Higher Education / Research/ Department)
Certificate of Experience of Educational Administration

F.No.

Date:

This is to certify that Dr./Sh./Smt. is having the following Experience of Educational Administration in our University / Institution/ Department / Organization:

| Sl. No. | Designation / Post Held | Pay Scale | Nature of Experience | Period of Experience of Educational Administration | | Total Period (Rounded to Years & Months only) |
|-----------------------------------|-------------------------|-----------|----------------------|--|----|---|
| | | | | From | To | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| Total Period of Experience | | | | | | Years Months |

(Signature & Seal of the Head of the Institution)

(Signature & Seal of the Registrar
Of the Affiliating University)

(Note: Please use separate forms of the same in the event of different organizations/ departments)

(On the LETTER HEAD OF THE ORGANIZATION)



F.No.

Date:

VIGILANCE CLEARANCE CERTIFICATE AND INTEGRITY CERTIFICATE

This is to certify that Dr./Sh./Smt. is presently holding the post of on substantive basis in our Organization/Department/Institute in the Pay Scale of (Level as per 7th CPC) with effective from.

It is further certified that there is no vigilance / disciplinary case and departmental enquiry is either pending or contemplated against him / her.

The integrity of the officer is also certified.

(Signature of employer with office stamp)

Dated: _____

Place: _____

Note: The employees who are on deputation have to submit separate certificates from the present employer and parent organization.

(On the LETTER HEAD OF THE ORGANIZATION)



F.No.

Date:

NO OBJECTION CERTIFICATE FROM THE EMPLOYER

This Organization/Department/Institute **has no objection** to him/her applying for the post of **Additional Secretary** in **UGC** on direct recruitment basis. In case of his / her selection, Dr./Sh./Smt. will be relieved from the services of this organization.

This institution is University Grants Commission / University / Autonomous Bodies Central Govt./State Govt./ Public Enterprises funded by the Central / State Government/ Self-financed or any other (please specify) and his/her post is government funded or private funded or mentioned if any other type.

(Signature of employer with office stamp)

Dated: _____

Place: _____

Note: The employees who are on deputation have to submit separate certificates from present employer and parent organization.