NAME OF THE COLLEGE: NAME OF THE PRINCIPAL &											College Contact No. :				
							Date of Promotion				College Email ID:				
SI. No.	Subject/Department	Name of the Faculty	Designation	Date of Birth	Date of passing MD/MS	Asst. Professor	Assoc. Professor	Professor	Mobile No.	Email ID	Teaching Experience a) UG: Years b) PG: Years	Bank Account Number	Bank IFS Code	Name of the Bank & Branch	Remarks(if any)
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Note: You are informed to fill the details of HOD first, then the details of 2nd Internal Examiner and the details of other eligible faculty seniority wise