

**BHASKARACHARYA COLLEGE OF APPLIED SCIENCES  
(UNIVERSITY OF DELHI)  
SECTOR-2, DWARKA, NEW DELHI -110075**

**FORM OF APPLICATION OF RECOGNITION AS A TEACHER OF THE UNIVERSITY  
UNDER STATUTE 18(2)**

1. Name of the teacher for whom recognition is sought : \_\_\_\_\_
2. Date of Birth : \_\_\_\_\_
3. Whether belongs to SC/ST/OBC/Ph Category : \_\_\_\_\_
4. Nature of Post against which appointment held : \_\_\_\_\_  
(Permanent/Temporary for specific Period/leave vacancy)

5. Details of Academic Qualification :

S.No.	Degree	Subject	Division of Marks (with rank, if any)	Year	University
1	B.Sc.				
2	M.Sc.				
3	M.Phil				
4	Ph.D.				
5	UGC-NET Exam				
6	Any other higher or research work				

6. List of Research works or other published works, if any (attach a separate sheet , if needed) : \_\_\_\_\_
7. Teaching experience in recognized Institutions prior to appointment to the post noted in Col. No – 8. (attach a separate sheet, if needed)

Name (s) of Institution(s)	Classes taught with dates		Total
	Degree	Post Graduate	

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8. Post to which appointed : \_\_\_\_\_  
(Lecturer/Part time Lecturer)
9. Date of Appointment (Joining) : \_\_\_\_\_  
in the College
10. Subject in which recognition is : \_\_\_\_\_  
sought and classes to be taught
11. Exact period for which recognition : \_\_\_\_\_  
is sought (Nature of recognition)
12. Relaxation in qualification etc : \_\_\_\_\_  
If any (Specific reasons for  
relaxation)
13. Date of meeting of the college : \_\_\_\_\_  
Selection Committee which  
recommended the appointment
14. Date of Governing Body of the : \_\_\_\_\_  
Governing Body which approved  
the recommendations of the  
Selection Committee
15. Date of Reappointment and : \_\_\_\_\_  
period for which appointment has  
been extended:
16. Date of resolution of the : \_\_\_\_\_  
Executive Council
17. Date of meetings of College : \_\_\_\_\_  
Selection Committee which  
recommended the reappointment  
of extension.
18. Date of meeting of Governing Body: \_\_\_\_\_  
which approved the recommendations  
of the Selection Committee

**Signature of Teacher**

**Name:** \_\_\_\_\_

**Date:**

**Encl:**

**Signature of Principal**