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| **REGISTRATION FORM**  **Career Advancement Scheme (CAS) CAM**P  **(As per** UGC)  Assistant Professor (Stage I to II) : AGP Rs.6000 to 7000    Assistant Professor (Stage II to III ) : AGP Rs.7000 to 8000  **VENUE : - Maharashtra Education Society’s Institute of Management & Career Courses (IMCC)**  131, Mayur Colony, Kothrud, Pune – 411038  Tel.: (020) 25466271 / 73, 25463453 E-mail: info.imcc@mespune.in |

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| Name in Full  (Surname First) |  | Gender |  |
| Email |  | Mobile No. |  |
| Date of Birth | (dd/mm/yyyy) | Category  (sc/st/vjnt/obc etc) |  |
| Religion  (Hindu/Muslim/Sikh etc) |  |  |  |

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| Name of the College: |  | Designation: |  |
| Teaching Subject : |  | Date of Appointment: |  |
| Uni. Approval Letter No. : |  | Uni. Approval Date W.E.F.: |  |
| Cast Validity No.: |  | Cast Validity Certificate Date: |  |
| Appointment Category : |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Break In Service | | | | | |
| period1 From : |  | to |  | Break Days |  |
| Period2 From : |  | to |  | Break Days |  |
| Period3 From : |  | to |  | Break Days |  |

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| --- | --- | --- | --- | --- | --- |
| Existing stage : |  | Stage : |  | Sub Stage : |  |
| Stage from Date : |  | Stage to Date : |  |  |  |
| Applied stage: |  | Stage: |  | Sub Stage: |  |
| Stage due Date: |  |  |  |  |  |
| Option for assessment of placement if date of placement is before | | |  | | |

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| **Course Details:** |
| |  |  |  |  | | --- | --- | --- | --- | | **Course Name** | **From Date** | **To Date** | **Venue** | | Orientation Course |  |  |  | | Orientation Course |  |  |  | | Refresher Course |  |  |  | | Refresher Course |  |  |  | | ShortTerm Course |  |  |  | | ShortTerm Course |  |  |  | | FDP Course |  |  |  | | FDP Course |  |  |  | | TOT COURSE |  |  |  | | Any other (please specify) |  |  |  | |  |  |  |  | |
| **Assessment Details**  Assessment Period From date : Assessment Period To date :  Total API for Assessment Period :  Placement Stage : Due Date of placement in  the stage of / Pay Matrix level : |
| |  |  |  |  | | --- | --- | --- | --- | | API for Assessment Period | From Date | To Date | Marks | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | Assessment Period Total Marks | | |  |   Any other information : |
| **Academic Details** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Class** | **Passing Year** | **Obtained Marks** | **Total Marks** | **Percentage** | **Specialization** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | Other |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |
| **DECLARATION :**  I , declare that the details provided in this statement/ form are true and are verified from the documents & office Records.    **Candidate Name :**  **Name of the College:**  **Designation:**  **Date:**    Name & Signature of the Principal  with Stamp |

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| **For Office Use Only** | |
| **Registration & Payment:** | |
| **Application No. :** |  |
| **Mode of Payment :** |  |
| **Date of Payment :** |  |
| **Receipt/Transaction ID/Ref. No.:** |  |
| **Amount :** |  |
| **Name & Signature :** |  |
| **Outward Entry : Outward No. : Date :**  **Name & Signature :** | |