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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 7000Assistant 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 – 411038Tel.: (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:** |
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| **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) |  |  |  |
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| **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 : |
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| API for Assessment Period | From Date | To Date | Marks |
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| Assessment Period Total Marks |  |

 Any other information : |
| **Academic Details** |
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| **Class** | **Passing Year** | **Obtained Marks** | **Total Marks** | **Percentage** | **Specialization** |
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| Other |  |  |  |  |  |
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| **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 Principalwith 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 :** |