**PROFORMA-1**

**PROPOSAL SENT BY THE PRINCIPAL OF THE COLLEGE FOR THE NOMINATION TO THE ACAEMIC COUNCIL**

**(One N.C.C Cadet)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Name of the Cadet | |  | |
| 2. | Registration Number | |  | |
| 3. | Rank | |  | |
| 4 | Name of the N.C.C.Unit | | Name:  No: | |
| 5. | Achievement of the Cadet in N.C.C.during the previous years | |  | |
| 1. At National Level | |  | |
| 1. At State Level | |  | |
| 6. | Particulars of passing ‘B’ and ‘C’ examinations | |  | |
| 7. | Particulars of Camps attended | |  | |
| **Date** | **Place** | | **Activities in the Camp** |
|  |  | |  |
| 8. | The Course and year in which the student/cadet is studying on the date of sending this proposal | |  | |
| 9. | Name of the College and Mailing address | |  | |
| 10. | Residential Address of the Student/Cadet | |  | |
| 1. Permanent Address | | Address:  Phone: | |
| 1. Temporary Address | | Address  Phone: | |

Note: Attested Copies of Certificates should be enclosed in duplicate, in support of above facts.

**CONSENT LETTER**

In case the University nominates me to the Academic Council for the Year(s).................................... I accept to serve as the Member of the same.

Signature of the Student/Cadet

..........................................................................................................................................

The above facts are correct.

Signature of the N.C.C. Officer of the Unit

..........................................................................................................................................

**Recommendation of the Principal**

I recommend the above Student / Cadet for the nomination to the Academic Council of the University.

Signature of the Principal

(Seal)

**PROFORMA-2**

**PROPOSAL SENT BY THE PRINCIPAL OF THE COLLEGE FOR THE NOMINATION TO THE ACAEMIC COUNCIL**

**(One N.S.S Volunteer Studying in Degree Course)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name of the N.S.S Volunteer | |  | | | | |
| 2. | Registration Number | |  | | | | |
| 3. | Rank | |  | | | | |
| 4. | Name of the N.S.S.Unit and Number | | Name:  No: | | | | |
| 5. | Achievement of the Cadet Volunteer in N.S.S.during the previous years | |  | | | | |
| 1. At National Level | |  | | | | |
| 1. At State Level | |  | | | | |
| 6. | Particulars of Camps attended | |  | | | | |
| **Date** | **Place** | | | **Activities in the Camp(s)**  **(Both Annual and Special Camps)** | | |
|  |  | | |  | | |
| 7. | The Course and year in which the student/volunteer is studying on the date of sending this proposal | |  | | | | |
| 8. | Percentage of Marks scored in the Previous examinations | | Degree | | | |
| I Year | II Year | | III Year |
|  |  | |  |
| 9. | Name of the College and Mailing address | |  | | | | |
| 10. | Residential Address of the Student/Volunteer | |  | | | | |
| 1. Permanent Address | | Address:  Phone: | | | | |
| 1. Temporary Address | | Address  Phone: | | | | |

Note: Attested Copies of Certificates should be enclosed in duplicate, in support of above facts.

**CONSENT LETTER**

In case the University nominates me to the Academic Council for the Year(s).................................... I accept to serve as the Member of the same.

Signature of the Student/ Volunteer

..........................................................................................................................................

The above facts are correct.

Signature of the Programme Officer

Unit Number:..................

..........................................................................................................................................

**Recommendation of the Principal**

I recommend the above Student / Volunteer for the nomination to the Academic Council of the University.

Signature of the Principal

(Seal)

**PROFORMA-5**

**PROPOSAL SENT BY THE CHAIRPERSON OF THE DEPARTMENT OF STUDIES / PRINCIPAL OF THE COLLEGE FOR THE NOMINATION TO THE ACAEMIC COUNCIL**

**(One Outstanding Student of Professional Course)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Name of the Student and Registration Number |  | | | | | | | |
| 2. | The Course and year in which the student is studying on the date of sending this proposal |  | | | | | | | |
| 3. | Percentage of Marks scored in the Previous examinations | Degree | | | | | | First year of the P.G. course | |
| I Year | | II Year | | III Year | | I Sem | II Sem |
| I Sem | II Sem | III Sem | IV Sem | V Sem | VI Sem |
|  |  |  |  |  |  |  |  |
| 4. | Name of the Department of Studies/College and Mailing address |  | | | | | | | |
| 5. | Residential Address of the Student |  | | | | | | | |
| 1. Permanent Address | Address:  Phone: | | | | | | | |
| 1. Temporary Address | Address  Phone: | | | | | | | |

Note: 1. Attested Copies of Certificates should be enclosed in duplicate, in support of above facts.

2. M.B.A., M.C.A., B.H.M., B.Ed., M.Ed., B.P.Ed., M.P.Ed., BASLP, MASLP, MSc. (Medical Physics) and such other courses leading to a particular profession shall considered as professional courses.

**CONSENT LETTER**

In case the University nominates me to the Academic Council for the Year(s).................................... I accept to serve as the Member of the same.

Signature of the Student

**Recommendation of the Chairperson/Principal**

I recommend the above Student for the nomination to the Academic Council of the University.

Signature of the Chairperson/Principal

(Seal)

**PROFORMA-7**

**PROPOSAL SENT BY THE CHAIRPERSON OF THE DEPARTMENT OF STUDIES / PRINCIPAL OF THE COLLEGE FOR THE NOMINATION TO THE ACAEMIC COUNCIL**

**(One Degree Student)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Name of the Student |  | | | | | | | |
| 2. | Registration Number |  | | | | | | | |
| 2. | The Course and year in which the student is studying |  | | | | | | | |
| 3. | Percentage of Marks scored in the Previous examinations | P.U.C | | Degree (course) | | | | | |
| Course | %age | I Year | | II Year | | III Year | |
| I Sem | II Sem | III Sem | IV Sem | V Sem | VI Sem |
|  |  |  |  |  |  |  |  |
| 4. | Name of the College and Mailing address |  | | | | | | | |
| 5. | Residential Address of the Student |  | | | | | | | |
| 1. Permanent Address | Address:  Phone: | | | | | | | |
| 1. Temporary Address | Address  Phone: | | | | | | | |

Note: Attested Copies of Certificates should be enclosed in duplicate, in support of above facts.

**CONSENT LETTER**

In case the University nominates me to the Academic Council for the Year(s).................................... I accept to serve as the Member of the same.

Signature of the Student

**Recommendation of the Chairperson/Principal**

I recommend the above Student for the nomination to the Academic Council of the University.

Signature of the Principal

(Seal)