



Tamilnadu Teachers Education University  
Chennai – 600 005  
Teaching Staff Particulars

Name of the College and Address: .....College Code : .....

Sl.No (1)	Name of the Teacher & Designation (IN BLOCK LETTERS) (2)	Age & D.O.B (3)	Academic Qualifications (4)	Subject(s) handling for U.G (B.Ed) (5)	Date of first Appointment (in Education Colleges) (6)	Qualification approval obtained No. and Date of Communication (7)	Teaching Experience (8)			Residential Address with Phone No., Mobile No & E-mail ID (Mandatory) (9)	Signature of the Teacher (10)
							UG	PG	Total		
1				1) 2) 3) 4)							
2											
3											
4											
5											

**Note:** 1. The staff Members who obtained qualification approval alone should fill up this proforma.  
2. Enclose copy of the qualification approval letter.(Xerox copy)

Date:

Signature of the Principal  
(with seal)