Name of the College :

Total Number of Govt. approved serving Contractual Whole Time Teacher(CWTT)s :

For the Acadenic Session 2013-14

Sl No	*Subject(s)*	*Name of approved CWTTs*	*Date of Birth*	*Date of initial engagement*	*Approval GO No with Date*	*Existing Remuneration as per GO No 952 Edn(CS) dated 09.12.2010*	*Resignation if any, with effect from*

Signature of Principal/Teacher-in-charge

Signature of the Accountant/Bursar

Name :

Mobile No :