



**VIGNAN'S INSTITUTE OF ENGINEERING FOR WOMEN**  
**KAPUJAGGARAJUPETA, VSEZ POST, VISAKHAPATNAM**  
**FACULTY INFORMATION SHEET**

|                       |
|-----------------------|
| Latest Color<br>Photo |
|-----------------------|

|  |  |                      |                        |                        |                   |                       |
|--|--|----------------------|------------------------|------------------------|-------------------|-----------------------|
| <b>PERSONAL DETAILS</b><br>(Enclose PAN card and ADHAR card) | Name of the Faculty :                  |                      | <b>Surname</b>         | <b>Last Name</b>       |                   |                       |
|  | Gender (Male/ Female) :                |                      |                        |                        |                   |                       |
|  | Father's Name :                        |                      |                        |                        |                   |                       |
|  | Mother's Name :                        |                      |                        |                        |                   |                       |
|  | Religion :                             |                      |                        |                        |                   |                       |
|  | Category (OC/SC/ST/BC-A, B, C, D, E) : |                      |                        |                        |                   |                       |
|  | Date of Birth & Age :                  |                      |                        |                        |                   |                       |
|  | PAN Number :                           |                      |                        |                        |                   |                       |
|  | Phone Number :                         |                      | Landline No.           |                        |                   |                       |
|  |  |                      | Mobile No.             |                        |                   |                       |
|  |  |                      | Alternative Mobile No: |                        |                   |                       |
|  | E-mail Id :                            |                      |                        |                        |                   |                       |
|  | Department :                           |                      |                        |                        |                   |                       |
|  | Designation :                          |                      |                        |                        |                   |                       |
|  | Highest Qualification :                |                      |                        |                        |                   |                       |
|  | University Awarded Highest Qfn. :      |                      |                        |                        |                   |                       |
|  | Faculty Type (UG / PG) :               |                      |                        |                        |                   |                       |
| Area of Specialization :                                     |  |                      |                        |                        |                   |                       |
| UIDAI / ADHAR Number :                                       |  |                      |                        |                        |                   |                       |
| Teaching Experience in Years :                               |  | Work Experience:     |                        |                        |                   |                       |
|  |  | Research Experience: |                        |                        |                   |                       |
| <b>ADDRESS</b>   | Present Address :                      |                      | Pin code:              |                        |                   |                       |
|  | Permanent Address :                    |                      |                        |                        |                   |                       |
| <b>BANK DETAILS</b>  | Bank Name :                            |                      | District:              |                        |                   |                       |
|  | Branch :                               |                      | IFS Code:              |                        |                   |                       |
|  | Account Number :                       |                      |                        |                        |                   |                       |
| <b>AC AD</b>   | <b>Course/Degree</b>                   | <b>College</b>       | <b>University</b>      | <b>Year of Passing</b> | <b>% of Marks</b> | <b>Specialization</b> |

|  |                                 |                    |               |           |                     |  |
|--|---------------------------------|--------------------|---------------|-----------|---------------------|--|
|  | SSC                             |                    |               |           |                     |  |
|  | Inter / Diploma                 |                    |               |           |                     |  |
|  | U.G                             |                    |               |           |                     |  |
|  | P.G                             |                    |               |           |                     |  |
|  | M. Phil / Ph. D                 |                    |               |           |                     |  |
| <b>PROFESSIONAL EXPERIENCE</b><br>(enclose experience) | <b>Name of the Organization</b> | <b>Designation</b> | <b>Period</b> |           | <b>Ratification</b> |  |
|  |                                 |                    | <b>From</b>   | <b>To</b> |                     |  |
|  |                                 |                    |               |           |                     |  |
|  |                                 |                    |               |           |                     |  |
|  |                                 |                    |               |           |                     |  |
|  |                                 |                    |               |           |                     |  |
|  |                                 |                    |               |           |                     |  |

Place:

Date:

**SIGNATURE OF THE FACULTY**

*Office Use*

|                               |   |                    |
|-------------------------------|---|--------------------|
| AICTE Faculty Id (Existing)   | : |                    |
| AICTE Faculty Id (NEW)        | : |                    |
| Date of Joining               | : | Day / month / year |
| University Ratified           | : |                    |
| Pay Scale                     | : |                    |
| Provident Fund (PF) Number    | : |                    |
| <b>Salary Particulars</b>     |   |                    |
| Basic Pay                     | : |                    |
| Academic Grade Pay            | : |                    |
| Total Basic (Basic PAY + AGP) | : |                    |
| DA                            | : |                    |
| HRA                           | : |                    |
| CCA                           | : |                    |
| <b>Total Gross Emoluments</b> | : |                    |

**A.O**

**Dean-Admin**

**Principal**