**APPLICATION FORM FOR CONTINUATION OF SERVICE
FOR THE NEXT ACADEMIC SESSION**

## 1. Personal Details

- Name (in Block Letters): _____
- Father's/Mother's Name: _____
- Designation: _____
- Department: _____
- Date of Birth (DD/MM/YYYY): _____
- Gender: [ ] Male [ ] Female [ ] Other
- Category: [ ] General [ ] SC [ ] ST [ ] OBC [ ] EWS [ ] Others (Specify)
- Nationality: _____
- Marital Status: [ ] Single [ ] Married
- Permanent Address: _____

- Correspondence Address (if different): _____

- Mobile No.: _____
- Email ID: _____

## 2. Service Details

| Period of Service | Designation | Department | Nature of Appointment (Regular/Part Time) |
|---|---|---|---|
| From:          To: | | | |
| From:          To: | | | |

## 3. Academic/Administrative Contributions in the Current Session
(Attach separate sheets if required)

- Courses Taught: _____
- Research/Publications (attaché separate file if needed): _____
- Participation in Seminars/Workshops: _____
- Administrative Responsibilities Held: _____
- Additional Contributions: _____

## 4. Reason for Continuation

- I wish to continue my service for the next academic session for the reason: _____ __

  _____ _____ _____ __

**5. Continuation Conditions:** By applying for continuation of service, I agree to the following conditions:

> ➢ I will follow all directions from the Higher Authority without hesitation. ☐
>
> ➢ I will take permission for every academic activity from the Head of the institution. ☐
>
> ➢ I will be punctual in my duties. ☐
>
> ➢ I will give my best in the interest of the college authority. ☐

**6. Declaration**

I, _____, hereby declare that all the information provided in this application is true to the best of my knowledge and belief. If any information is found to be false or incorrect, my request may be rejected, and I shall be liable for any consequences.

Date: _____
Place: _____                                        (Signature of the Applicant)

---

**Note:** Mere submission of an application for continuation of service does not qualify for selection in the next session. Applicants may be required to face a re-interview and wait for the result of the selection process.                    ☐ (check the box)

**For Office Use Only** Application Received on: _____ Verified by: _____ _____ Remarks: _____