

APPENDIX I

Department-wise list of Faculties & Residents

(Signed List should be appended along with the Inspection Proforma)

Name of the Department:-								
Sl. No.	Name	FEP ID	Designation	Qualification	Teaching Experience		Date of joining in the present institution	Signature
					Before PG	After PG		

Name of the Inspectors :

- 1.
- 2.
- 3.