


Teacher Information form - TIF (1)

Teacher Information form - TIF (2)

Teacher Information Form


Recently updated AISHE code;
13579.

ALL INDIA SURVEY ON HIGHER EDUCATION
TEACHER INFORMATION FORMAT
For
College Institution
YEAR: 2014-2017



Ministry of Human Resource Development
Department of Higher Education
New Delhi

govin.gov.in



AISHE Code:

C - 41206 - 2014

New ✓ C - 13579 - 2017 * 11/11/17

BLOCK A: BASIC INFORMATION

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1. Name of the University/Institution	<input type="text" value="The W. J. V. State College, P.O. Box 10000 - 407 000"/>
2 (a) Postal Address Line 1	<input type="text" value="The Institute (Department) The University of the State of New York"/>
2 (b) Postal Address Line 2	<input type="text" value="P.O. Box"/>
3 (a) Zip Code	<input type="text" value="11784"/>
3 (b) State	<input type="text" value="New York"/>
4. District	<input type="text" value="District"/>

Important Instructions:

1. Please ensure that the list of Faculty/Department is up to date before proceeding with data entry.

BLOCK B: TEACHING STAFF INFORMATION

General Instructions:

- All Dates should be entered in DDMMYYYY format. Please ensure that the date of the computer system on which data entry is being carried out has current date.
- All fields with "*" are mandatory and Fields which are pre-populated are marked "1".
- The selection of Faculty and Department is as per list uploaded by the Institutions in their respective DCP of annual survey year. One additional item is added as "Others" in the list of Faculty and Department.
- Audience Number (Column No. 4) is mandatory for all the States except North Eastern States.
- Mobile number (Column No. 21) and e-mail (Column No. 22) of the Employee is mandatory.
- Date of Joining Institute (Column No. 11), Date of joining Teaching Professor (Column No. 12) and Date of Change in Job Status (Column No. 13, if applicable) should be greater than Date of Birth (Column No. 5).

Note:

PWD * Persons with Disability

List of Faculty & Departments

Faculty/Dept Name	<input type="text"/>
1. Title	<input type="text"/>
2. Position	<input type="text"/>
3. Department	<input type="text"/>
4. Discipline	<input type="text"/>

Faculty Name: _____ Department Name: Economics																					
Sl. No.	Name of the employee	Designation	Gender	Age	Date of Birth (DD/MM/YYYY)	Social Category	Religious Community	PHSD	Nature of Appointment	Selection Mode	Date of joining the Institution	Date of leaving teaching profession	Highest Qualification	Additional Eligibility Qualification	Special Designation/Group Category	Special Designation/Group	Number of years spent in service in other than this Institution	Job Status	Date of change in status	Total	Work
1								No	Regular	Direct								Continue		200	200
Faculty Name: _____ Department Name: English																					
1								No	Regular	Direct								Continue		200	200
Faculty Name: _____ Department Name: English																					
1								No	Regular	Direct								Continue		200	200
Faculty Name: _____ Department Name: Physical Education, Health Education and Sports																					

Sl. No.	Name of the candidate	Designation	Gender	Roll No.	Date of birth (DD/MM/YYYY)	Social Category	Religious Community	PHSD	Type of Appointment	Selection Mode	Type of joining the institution	Date of joining teaching post/teacher	Highest Qualification	Additional Eligibility Qualification	Special Discipline Group Category	Special Discipline Group	Number of years spent in service after the 01/07/2016	Last Salary	Date of change in date	Grade	Work	
1								No	Regular	Direct												Continue

Faculty Name Department Name

Sl. No.	Name of the candidate	Designation	Gender	Roll No.	Date of birth (DD/MM/YYYY)	Social Category	Religious Community	PHSD	Type of Appointment	Selection Mode	Type of joining the institution	Date of joining teaching post/teacher	Highest Qualification	Additional Eligibility Qualification	Special Discipline Group Category	Special Discipline Group	Number of years spent in service after the 01/07/2016	Last Salary	Date of change in date	Grade	Work	
1								No	Regular	Direct												Continue

Faculty Name Department Name

Sl. No.	Name of the candidate	Designation	Gender	Roll No.	Date of birth (DD/MM/YYYY)	Social Category	Religious Community	PHSD	Type of Appointment	Selection Mode	Type of joining the institution	Date of joining teaching post/teacher	Highest Qualification	Additional Eligibility Qualification	Special Discipline Group Category	Special Discipline Group	Number of years spent in service after the 01/07/2016	Last Salary	Date of change in date	Grade	Work	
1								No	Regular	Direct												Continue

Faculty Name Department Name

Alt. No.	Name of the employee	Designation	Gender	Roll Number	Date of Birth (DD/MM/YYYY)	Social Category	Religious Community	PHSD	Nature of Appointment	Selection Mode	Date of joining the Institution	Date of joining teaching profession	Highest Qualification	Additional Eligibility Qualification	Special Designation Group Category	Special Designation Group	NUMBER of years spent in service in other than PRACTISING	Alt. Status	Date of change in status	Final	Wages
1								No	Regular	Direct								Continue			

Faculty Name Department Name

Alt. No.	Name of the employee	Designation	Gender	Roll Number	Date of Birth (DD/MM/YYYY)	Social Category	Religious Community	PHSD	Nature of Appointment	Selection Mode	Date of joining the Institution	Date of joining teaching profession	Highest Qualification	Additional Eligibility Qualification	Special Designation Group Category	Special Designation Group	NUMBER of years spent in service in other than PRACTISING	Alt. Status	Date of change in status	Final	Wages
1								No	Regular	Direct								Continue			

Faculty Name Department Name

Alt. No.	Name of the employee	Designation	Gender	Roll Number	Date of Birth (DD/MM/YYYY)	Social Category	Religious Community	PHSD	Nature of Appointment	Selection Mode	Date of joining the Institution	Date of joining teaching profession	Highest Qualification	Additional Eligibility Qualification	Special Designation Group Category	Special Designation Group	NUMBER of years spent in service in other than PRACTISING	Alt. Status	Date of change in status	Final	Wages
1								No	Regular	Direct								Continue			

Designation/Date Sanctioned Strength (Please Enter Sanction Strength against each Designation)

Designation	Structural Design	In Position

Check Form

Modify

Delete

Note: After filling the complete form, please click on 'Check Form' button. Form can be uploaded on the portal only when the message 'Check Form Passed' appears on the screen.

Upload Procedure:

1. Login into KONE web application (<http://table.gm.in>) with your User ID and Password.
2. Select 'Form Management' from left side menu and go to 'Upload DCP' tab.
3. Browse the completed form and click the 'Upload DCP' button.
4. Message 'Form Uploaded Successfully' will be displayed on the screen.