



निर्देशक (एनिम्स) का कार्यालय
OFFICE OF THE DIRECTOR (ANIIMS)
अण्डमान निकोबार द्वीप समूह चिकित्सा संस्थान
ANDAMAN & NICOBAR ISLANDS INSTITUTE OF MEDICAL SCIENCES
अण्डमान तथा निकोबार प्रशासन
Andaman & Nicobar Administration

APPLICATION FOR RENEWAL OF CONTRACT IN RESPECT OF FACULTY
(PROFESSOR/ASSOCIATE PROFESSOR/ASSISTANT PROFESSOR)

Name : Department:

Designation : Current Monthly Salary:

Age : Qualification:

Date of Appointment: Date of Duty Joining:

Date of Contract End :

Permanent Address :

.....

Email Id : Mobile No.

Self Appraisal (Achievements, :
contribution to Department
& College)
.....

(A Separate Sheet can be attached if required).....

Signature:

Assessment of Individual by HOD:

Recommendation of HOD:

Contract to be renewed / Contract to be terminated

Director (ANIIMS)

Note: Faculty should enclose details of work experience along with this format.