



தமிழ்நாடு ஆசிரியர் கல்வியியல் பல்கலைக்கழகம்
TAMILNADU TEACHERS EDUCATION UNIVERSITY
Karapakkam, Chennai-600 097

**UNDERTAKING OF THE FACULTY MEMBER APPOINTED
IN THE AFFILIATED COLLEGE OF EDUCATION**

FORM C

I, on my appointment as Principal / Associate Professor/Assistant Professor with effect from (F.N / A.N) in (Name of the College) hereby undertake to comply with the following Conditions:

I shall work in this institution at least for two year from the date of my appointment. I shall not leave the institution in the middle of the academic year without getting a prior approval from the University Authorities.

I shall submit all my original certificates whenever the University asks for verification of the genuineness of the certificates.

I shall get my monthly salary only through Electronics Credit System (ECS). I affirm that I am not working in any other institution/college at present. If I am found working in any other institute/college simultaneously hiding my appointment in this college without proper relieving order, I severally undertake to abide by such disciplinary/legal action that shall be initiated by the University Authorities.

In the event of relinquishing my post, I shall serve three months notice to the University through the Secretary/Correspondent of the College and obtain prior permission for leaving from my service from the College. I shall handover the charge to the person authorized by the College Authorities.

My Mobile No. :

My E-mail ID :

My Bank Account No. :

Name & Place of Bank :

Signature

Date:

Place:

Countersigned by

The Secretary / Correspondent

College Seal