

ಕರ್ನಾಟಕ ಸರ್ಕಾರ
ತಾಧೀಕ ಶಿಕ್ಷಣ ಇಲಾಖೆ

ಸಂಖ್ಯೆ: DTE/ADMIO/EST (17)/66/2023

ಅಯುಕ್ತರವರ ಕಚೇರಿ
ಕಾಲೇಜು ಮತ್ತು ತಾಧೀಕ ಶಿಕ್ಷಣ ಇಲಾಖೆ,
ಬೆಂಗಳೂರು-01, ದಿನಾಂಕ: 02.07.2024

ಸುತ್ತೋಲೆ

ವಿಷಯ	ತಾಧೀಕ ಶಿಕ್ಷಣ ಇಲಾಖೆಯ ವಾಸಿಯಲ್ಲಿನ ಅನುದಾನಿತ ಇಂಜಿನಿಯರಿಂಗ್ ಕಾಲೇಜುಗಳಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿರುವ ಅಧ್ಯಾಪಕರುಗಳಿಗೆ 6ನೇ ಎಷಿಟಿಇ ವೇತನ ತ್ರೇಣಿಯಲ್ಲಿ ಪದೋನ್ನತಿ ನೀಡುವ ಬಗೆ.
ಉಲ್ಲೇಖ	ಈ ಕಣ್ಣೀರಿ ಪತ್ರ ಸಭಾ ಸೂಚನಾ ಸಂಖ್ಯೆ: DTE/ADMIO/EST (17)/66/2023 ದಿನಾಂಕ: 07.03.2024

ಮೇಲ್ಮೈ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ, ಉಲ್ಲೇಖಿತ ಪತ್ರದಲ್ಲಿ ದಿನಾಂಕ: 05.03.2010 ರಿಂದ 28.02.2019 ವರಗೆ ಅನುದಾನಿತ ಇಂಜಿನಿಯರಿಂಗ್ ಕಾಲೇಜಿನಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿರುವ ಅಧ್ಯಾಪಕರುಗಳಿಗೆ ಕೆರಿಯರ್ ಅಡಾನ್ ಮೆಂಟ್ ಯೋಜನೆಯಡಿ 6ನೇ ಎಷಿಟಿಇ ವ್ಯಕ್ತಿ ಪದೋನ್ನತಿ ನೀಡಲು ಸಾಫ್ತೀಕರಣ ಸಮಿತಿ ಸಭೆ ಆಹ್ವಾನಿಸಿ ಪರಿಶೀಲಿಸಲಾಗಿದ್ದು, ದಿನಾಂಕ: 05.03.2010 ರಿಂದ 28.02.2019 ವರಗೆ 6ನೇ ಎಷಿಟಿಇ ವೇತನ ತ್ರೇಣಿಯನ್ನು ವ್ಯಕ್ತಿ ಪದೋನ್ನತಿಗಾಗಿ ಪ್ರಸ್ತಾವನೆ ಸಲ್ಲಿಸಿರುವ ಅಧ್ಯಾಪಕರುಗಳಿಂದ ಈ ಸುತ್ತೋಲೆಯಲ್ಲಿ ಲಗತ್ತಿಸಿರುವ ಪ್ರಮಾಣ ಪತ್ರವನ್ನು (Affidavit) ನ್ನು ಕಡ್ಡಾಯವಾಗಿ ಪಡೆದು ಘ್ರಾಂತಪಾಲರು ದೃಷ್ಟಿಕರಿಸಿ ದಿನಾಂಕ: 05.07.2024 ರೊಳಗೆ ಆಯುಕ್ತಾಲಯಕ್ಕೆ ಮುದ್ದಾಗಿ ಸಲ್ಲಿಸುವಂತೆ ಈ ಮೂಲಕ ಸೂಚಿಸಿದೆ.

Signed by
Prasanna H
Date: 02-07-2024 15:15:25

ನಿದೇಶಕರು
ತಾಧೀಕ ಶಿಕ್ಷಣ ಇಲಾಖೆ

ಇವರಿಗೆ,

- ಅನುದಾನಿತ ಇಂಜಿನಿಯರಿಂಗ್ ಕಾಲೇಜುಗಳ ಘ್ರಾಂತಪಾಲರುಗಳಿಗೆ ಮುಂದಿನ ಕ್ರಮಕಾಗಿ
- ಸಂಯೋಜಕರು, ಇ-ಆರ್ಡಿಎ ವಿಭಾಗ - ಇಲಾಖಾ ವೆಬ್ ಸೈಟ್ ನಲ್ಲಿ ಪ್ರಕಟಿಸುವ ಸಲುವಾಗಿ
- ಕಚೇರಿ ಪ್ರತಿ

AFFIDAVIT

<To be taken on Rs.100 stamp paper first party – Employee and Second Party- DTE, Bangalore> - This sentence should be deleted while taking print out on e-

stamp paper

I, [Full Name], son/daughter of [Father's Name], aged [Age] years, currently residing at [Address], do hereby solemnly affirm and declare as follows:

I am currently employed as [Designation] in the [Department] at [Name of Engineering College], which is affiliated to the Visvesvaraya Technological University, Belagavi and is governed by the Directorate of Collegiate and Technical Education, Government of Karnataka.

I have been working at [Name of Engineering College] since [Date of Joining], and my employee ID is [Employee ID/KGID].

I have applied and eligible to the position of [Designation/AGP] on [Eligibility Date] through the promotion process as per the guidelines of the AICTE 6th Pay 2010 and 2012 Regulations and Clarifications issued thereafter from time to time.

I hereby declare that, If I receive any excess payment due to clerical error, miscalculation, etc. I acknowledge my responsibility to return the excess amount and commit to repaying it in full as per the terms agreed upon with the Directorate of Collegiate and Technical Education, Government of Karnataka.

I declare that all the certificates and documents submitted by me for the promotion process, including but not limited to educational qualifications, experience certificates, publications, training programs, faculty development programs, API Scores and other credentials, are genuine and authentic. I acknowledge that if any of the certificates or documents submitted by me are found to be fake or fraudulent, I will be subject to disciplinary action as per the rules and regulations of the Directorate of Collegiate and Technical Education, Government of Karnataka and any other applicable laws.

I undertake to cooperate fully with any investigation or inquiry conducted by the Directorate of Collegiate and Technical Education, Government of Karnataka regarding the eligibility issues, excess payment or authenticity of the certificates submitted by me.

I understand that any false declaration or misrepresentation of facts in this affidavit may lead to legal consequences, including termination of employment, recovery of excess payments, and criminal proceedings.

I affirm that this affidavit is executed by me voluntarily and without any coercion, undue influence, or misrepresentation.

I am fully aware of the legal implications of making a false statement in this affidavit and declare that the information provided herein is true and correct to the best of my knowledge and belief.

DEPONENT

(Signature of the Deponent)

[Full Name]

[Designation]

[Department]

[Name of Engineering College]

Date: [Date]

Place: [Place]

WITNESSES

1. _____

(Signature of the Witness)

[Full Name]

[Address]

2. _____

(Signature of the Witness)

[Full Name]

[Address]