



**PROFORMA FOR EXTENSION OF THE TERM OF APPOINTMENT OF  
PART-TIME STAFF / ASSISTANT COORDINATOR**

1. Name of the Study Centre \_\_\_\_\_

2. Study Centre Code \_\_\_\_\_

3. Programme (s) for which activated \_\_\_\_\_

4. Total Enrolment of \_\_\_\_\_

❖ Current Year \_\_\_\_\_

❖ Previous Year \_\_\_\_\_

5. Number of Staff Presently Working \_\_\_\_\_

❖ Assistant Coordinator \_\_\_\_\_

❖ Assistant \_\_\_\_\_

❖ Attendant \_\_\_\_\_

❖ Safai Karamchari \_\_\_\_\_

S. No.	Name of the Person	Designation	Date of expiry of term	Extension proposed upto

**Signature & Seal of the Coordinator**

Date: \_\_\_\_\_