Appendix I

Personal Information Schedule

Note : Please fill up the blanks carefully and give the answers of the questions as required.

Thank you.

Name of the institution :_____

Name of the teacher :_____

(a) Age _____ (b) Sex : Male/Female

(c) Caste_____ (d) Teaching experience:_____

(e) Academic Qualification _____

Professional Status : Assistant teacher / lecturer

Place of residence : Rural / Urban

Are you a member of your professional association : Yes/No

If yes, state the nature of your membership:

Ordinary / Active member / Active office bearer

Permanent Address (Where correspondence can be made: _____

Sources of additional income : Agriculture/tution/business/other

Inherited property : Agricultural land / Bank balance/

No. of dependents : (a) Children_____(b) Adult _____

Interest in college co-curricular activities :_____

Responsibilities taken in the college (other than academic):_____

_____

Previous profession (if any) : _____