|  |
| --- |
| **Photo** |

 **Central Institute of Technology**

**(Deemed To Be University)**

**Kokrajhar – 783370**

**Proforma for Promotion of Teachers**

|  |
| --- |
| 1. Mandatory Teacher Trainings are to be followed as per the latest AICTE norms (C*lause no. 4.0 as per the*  *AICTE Gazette notifications, March 2019*).2. Qualifications for promotion will be considered as per UGC norms, 2018 for the faculties of Basic Sciences,  Humanities and Social Sciences. |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name (in Block Letters) | : |  |
| 2 | Father’s / Husband’s Name | : |  |
| 3 | Department | : |  |
| 4 | Current Designation & level | : |  |
| 5 | Date of Last Promotion with order no. & date, if any | : |  |
| 6 | Designation & level applied for | : |  |
| 7 | Date of eligibility for promotion | : |  |
| 8 | Date of Birth  | : |  |
| 9 | Category (Gen/SC/ST/OBC/PH/Others) | : |  |
| 10 | Gender |  |  |
| 11 | Nationality | : |  |
| 13 | Address for Communication | : |  |
| 14 | Permanent Address | : |  |
| 15 | Contact Number | : |  |
| 16 | Email ID |  |  |

**A. Personal Information**

**B. Employment Details**

**(i) Record of Employment in CIT Kokrajhar**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Designation** | **Essential qualifications for the post at the time of appointment** | **Nature of appointment (Regular/ Contractual etc.** | **Pay-Scale / Level / Pay (contractual)** | **Period** | **Total experiences** |
| **From** | **To** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

(Add row, if required)

**(ii) Chronological Details of other Employments, if any**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Designation** | **Name of Employer** | **Nature of appointment (Regular/ Contractual**  | **Pay-Scale / Level / Pay (contractual)** | **Period** | **Total experiences** |
| **From** | **To** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

(Add row, if required)

**C. Academic Credentials**

**(i) Academic Qualifications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Examination** | **Subjects/Discipline** | **University/Board** | **Year** | **CGPA/ % of marks obtained** | **Division / Class** |
| Matric / HSLC |  |  |  |  |  |
| Intermediate (10+2) |  |  |  |  |  |
| Bachelor’s Degree (B.E./B.Tech./B.Sc./B. Des./BBA/Others) |  |  |  |  |  |
| Master’s Degree (M.E./M.Tech./ M.Sc./M.Des.//MBA/Others) |  |  |  |  |  |
| Ph. D. |  |  |  |  |  |
| Others (if any) |  |  |  |  |  |

**(ii) Research Publications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Authors** | **Title** | **Journal** | **Vol/No./Date/pp** | **Indexed by / Listed in Journal (SCI/UGC/AICTE Approved)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

(Add row, if required)

**(iii) Ph D Guidance**

|  |  |  |
| --- | --- | --- |
| **Number Enrolled** | **Thesis Submitted** | **Degree Awarded with Date** |
|  |  |  |

**(iv) Faculty Development Programme / MOOCS Course / Short-Term Training Programme / Academic**

 **Staff College Orientation / Refresher Course - Attended**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Programme/Title** | **Organizer with address** | **Duration** | **No. of Weeks** |
| **From** | **To** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

(Add row, if required)

**(v) Industrial / Professional Training**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Title / Relevant Area** | **Industry / Organization with Address** | **Duration** | **No. of Weeks** |
| **From** | **To** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

(Add row, if required)

**(vi) Patents**

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Name of Inventor And Title of the Patent | Registration No. | Details of Patent |
| Date of Award / Grant | Awarding Country | Co-Awardee (s) , if any |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

(Add row, if required)

**D. 360O Feedback Score**

**I. Teaching Process (Maximum Points 25)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Semester** | **Course Code/ Name** | **No. of Scheduled Classes**  | **No. of actually held classes** | **Point** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

(Add row, if required)

**II. Students’ Feedback (Maximum Points 25)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Semester** | **Course Code/ Name**  | **Average Student feedback on the scale of 25** *(To be filled up by the Office)* |
|  |  |  |  |
|  |  |  |  |

(Add row, if required)

**III. Departmental Activities (Maximum Points 20)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Semester** | **Activity** | **Credit Point** | **Criteria** |
|  |  |  |  |  |
|  |  |  |  |  |

(Add row, if required)

**IV. Institute Activities (Maximum Points 10)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Semester** | **Activity** | **Credit Point** | **Criteria** |
|  |  |  |  |  |
|  |  |  |  |  |

(Add row, if required)

**V. APAR (Annual Performance Appraisal Report) maintained at Institute level (Maximum Points 10)**

*(To be filled up by the Office)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Year** | **Activity** | **Credit Point** | **Criteria** |
|  |  |  |  |  |
|  |  |  |  |  |

(Add row, if required)

**VI. Contribution to Society (Maximum Points 10)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Semester** | **Activity** | **Credit Point** | **Criteria** |
|  |  |  |  |  |
|  |  |  |  |  |

(Add row, if required)

**SUMMARY OF 3600 FEEDBACK:**

|  |  |
| --- | --- |
| **Summary** | **Academic Year** |
| **1** | **2** | **3** | **4** | **5** | **6** |
| **I** | **Teaching Process**(Max Points 25) |  |  |  |  |  |  |
| **II** | **Students’ Feedback**(Max Points 25) |  |  |  |  |  |  |
| **III** | **Departmental Activities**(Max Points 20) |  |  |  |  |  |  |
| **IV** | **Institute Activities**(Max Points 10) |  |  |  |  |  |  |
| **V** | **APAR** (Max Points 10) |  |  |  |  |  |  |
| **VI** | **Contribution to Society**(Max Points 10) |  |  |  |  |  |  |
| **Total (Max Points 100)** |  |  |  |  |  |  |
| **Total on 10 Point scale** |  |  |  |  |  |  |

(e.g. 1: 2018-19, 2 : 2019-20 and so on)

**E. Additional Information:**

(Please give details of any other relevant contributions not included above)

|  |  |
| --- | --- |
| **Sl. No.** | **Details (Mention year, value, etc., where relevant)** |
|  |  |
|  |  |

(Add row, if required)

**List of self-attested testimonials attached**

 ***(Originals are to be produced at the time of interview)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Particulars** | **Sl. No.** | **Particulars** |
| 1 |  | 11 |  |
| 2 |  | 12 |  |
| 3 |  | 13 |  |
| 4 |  | 14 |  |
| 5 |  | 15 |  |
| 6 |  | 16 |  |
| 7 |  | 17 |  |
| 8 |  | 18 |  |
| 9 |  | 19 |  |
| 10 |  | 20 |  |

**Declaration:**

I, --------------------------------------------------------------- son/daughter of --------------------------------------------- hereby declare that the above information and the enclosed documentary evidences are true and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the selection process or at any other stage, my candidature / appointment may be cancelled by the CIT Kokrajhar without prejudice to initiation of any other disciplinary action.

**Signature of the applicant**

**Date:**

**Forwarded by the Reporting Officer**

**Date:**

**Information to be filled by the Office**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Contents** | **Verification by the Office** |
| 1 | Whether any minor / major penalty has been imposed on him / her during the said assessment period | Yes/No |
| 2 | Whether work and conduct of the candidate as observed from the Annual Performance Appraisal Report for the assessment period has been found to be Good. | Yes/No |
| 3 | Proforma for Annual Performance Appraisal Report (APAR) Grading |
|

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Assessment Period |  |  |  |  |  |  |
| Grading of Annual Assessment Report |  |  |  |  |  |  |

 |

|  |
| --- |
| **Official verified the particulars** |
| **Name**  | **Designation** | **Section / Department** | **Signature with date** |
|  |  |  |  |

**Information to be filled by the Screening cum Evaluation Committee**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Contents** | **Verification by****Screening Committee** |
| 1 | Whether fulfilling the requisite educational qualifications required for promotion | Yes/No |
| 2 | Whether completed the required period of service for promotion | Yes/No |
| 3 | Whether attended the required number of Faculty Development Programme / MOOCS Course / Short-Term Training Programme / Academic Staff College Orientation / Refresher Courseetc. | Yes/No |
| 4 | Whether completed the industrial/professional training required for promotion | Yes/No |
| 5 | Whether fulfilled the required number of Research Publication(s) for promotion | Yes/No |
| 6 | Whether patent awarded for promotion | Yes/No |
| 7 | Whether developed MOOCS course for promotion | Yes/No |
| 8 | Whether requisite documents have been attached with the application form | Yes/No |
| 9 | Whether fulfilled the minimum required average 3600 Feedback Score for promotion | Yes/No |

**Remarks, if any:**

**Recommendations of the Screening cum Evaluation Committee:**

The candidate is **eligible / non-eligible** and **to be / not to be considered** for **Selection Committee**.

|  |
| --- |
| **Screening cum Evaluation Committee Members** |
| **Name**  | **Designation**  | **Department & Institute** | **Signature with date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |