**Part-C (Table-I and declarations)**

**Information submitted for the promotion from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under CAS, with documentary evidence.**

**Table-I (as per Appendix-II of UGC Regulations-2018)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Items** | **Give Details\*** | **Documentary Evidence** |
| (A) | Administrative responsibilities such as HEAD,Chairperson/Dean/ Director/Coordinator/Warden etc. |  |  |
| (B) | Examination and evaluation duties assigned by the college / university or attending the examination paper evaluation. |  |  |
| (C) | Student related co-curricular, extension and field based activities such as student clubs, career counselling, study visits, student seminars and other events, cultural sports, NCC, NSS and community services. |  |  |
| (D) | Organising seminars/conference/workshops other college/university activities. |  |  |
| (E) | Evidence of actively involved in guiding Ph.D student. If submitted with Part-B, please mention the annexure number. |  |  |
| (F) | Conducting minor or major research project sponsored by National and International agencies. If submitted with Part-B, please mention the annexure number. |  |  |
|  |
| (G) | At least one single or joint publication in peer-reviewed or UGC list of Journals. If submitted with Part-B, please mention the annexure number. |  |  |

\*Attach additional sheet(s) if necessary

Signature of Applicant Signature of HOD with seal

Date: Date:

**DECLARATION**

This is to certify that Dr./Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of Department **of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** has satisfactorily **completed following examination duties** assigned to him during the \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_.(Please mention the duration of evaluation)

Examination Duties Assigned and Performed at the Department Level (From \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No** | **Name of the Examination** | **Duties Assigned (**Question setting/ invigilation/ Answer sheet evaluation) | **Extent to which carried out (%)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

Signature of Applicant Signature of HOD with seal

Date: Date:

**DECLARATION**

(To be submitted only if, Registration Letter is not available)

This is to certify that Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of Department **of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** is currently supervising following Ph. D. students assigned to him/her since \_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No** | **Name of the student** | **Broad Area of Ph. D. Dissertation** | **Date of admission** |
|  |  |  |  |
|  |  |  |  |

Signature of Applicant Signature of HOD with seal

Date: Date:

**DECLARATION**

This is to certify that I, Dr./Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of Department **of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** have **completed \_\_\_\_\_\_\_% of classes** assigned to me during the Assessment Period \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature of Applicant Signature of HOD with seal

Date: Date: