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

 **Central Institute of Technology**

**(Deemed To Be University)**

**Kokrajhar – 783370**

**Proforma for Promotion / Upgradation of Non-Teaching Staffs**

|  |
| --- |
| Qualifications for promotion/ Upgradation will be considered as per Recruitment Rules F. No. 7-3l2020-TS.VII Government of India, Ministry of Education, Department of Higher Education, Shastri Bhawan. New Delhi, Dated: 30th November, 2021 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Name (in Block Letters) | : |  | |
| 2 | Father’s / Husband’s Name | : |  | |
| 3 | Department | : |  | |
| 4 | Current Designation | : |  | Level: |
| 5 | Date of Last Promotion / Financial upgradation / Appointment order no. & date, if any | : |  | |
| 6 | Designation & level applied for | : |  | |
| 7 | Date of eligibility for promotion | : |  | |
| 8 | Date of Birth | : |  | |
| 9 | Category (GN/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 |  |  |  |  |  |
| Master’s Degree |  |  |  |  |  |
| Ph. D. |  |  |  |  |  |
| Others (if any) |  |  |  |  |  |

**(ii) Industrial / Professional Training / Workshop (if any)**

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

(Add row, if required)

**iii. Institute Activities & any other Additional Information (if any):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of department/ Section** | **Nature of Work/ Activity** | **From (Date)** | **To (Date)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(Add row, if required)

**iv. 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)

**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 /promotion /financial upgradation 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 requisite documents have been attached with the application form | 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 Departmental Promotion Committee **(DPC).**

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