

JAMIA HAMDARD
HAMDARD NAGAR, NEW DELHI

Assessment Form for Career Advancement of Lecturers

{to be filled by **Lecturer** and **Lecturer (Senior Scale)** }

A. General Information:

1. Name _____
2. Department _____
3. Details of probationary/permanent service, if any, rendered in any other University/Institution immediately preceding regular Service as Lecturer in this University, (please attach documentary proof).
 - (a) Name of Institution _____
 - (b) Designation _____
 - (c) Date of appointment _____
 - (d) Date of confirmation _____
 - (e) Date of leaving _____
4. Detail of regular service as Lecturer in this university.
 - (a) Temporary appointment as Lecturer on the recommendation of Selection Committee From _____ To _____
 - (b) Date of regular appointment as Lecturer _____
 - (c) Date of placement in Senior Scale of Lecturer _____

B. Academic Qualification (From Matriculation onward)

Examination	Subject(s) Specialisation	Division/Grade and % of marks	University/Institution	Year

C. Research Experience & Training

Research Stage	Title of Work/Thesis	University where the work was carried out	Funding Agency for fellowship, if any
M. Phil or equivalent			
Ph. D.			
Post-Doctoral Training, if any (please specify)			
Research Guidance (give separately names and details of students guided successfully)			

D. Details of Published Work :

- (a) Books published -----
 - (b) Research papers -----
 - (c) Chapters in books -----
 - (d) Abstracts of papers presented in Conferences -----
 - (e) Popular articles -----
- Please attach
- (i) Lists of all the above publications (a-e)
 - (ii) List of citations of your publications

(Please attach five sets of three research publications and biodata)

E. Research Project conducted as PI or Co PI :

Title of the Project	Name of the Funding Agency	Duration	Remarks of final evaluation

F. Participation in Seminars, Symposia, Workshops

Name of the Seminar/Conference/Symposia/Workshop	Name of Organising Agency	Place and the period spent	Name of the agency that sponsored the visit and funding made available
1.			
2.			
3.			
4.			
5.			
6.			

G. Participation in Orientation/Refresher Courses, Summer Institutes

Name of the Orientation/Refresher Courses, Summer Institutes	Name of Sponsoring Agency	Place and the period spent
1.		
2.		
3.		
4.		
5.		
6.		

Please attach attested copies of the respective certificates.

H. Teaching Experience

Courses	Number of Years	Name of University/College/ Institution
Undergraduate level		
Post-graduate level		
Any other		

I. Details of Innovations/Contributions in teaching and updating of teaching materials and syllabus.

J. Details of participation in University administration, if any

Declaration

I hereby solemnly declare that all entries made by me in the assessment form are true to the best of my Knowledge and belief and if any entry/document is found in-correct at any stage disciplinary action may be taken against me.

Signature of the Teacher

K. Forwarding remark of the HOD or Dean Concerned (as the case may be) with regard to the performance of the teacher :