MAHATMA GANDHI UNIVERSITY

SELF ASSESSMENT CUM PERFORMANCE APPRAISAL PROFORMA FOR PROMOTION OF TEACHERS UNDER CAREER ADVANCEMENT SCHEME

*(As per UGC Minimum Qualifications for Appointment of Teachers and Other Academic Staff in Universities and Colleges and Measures for the Maintenance of Standards in Higher Education, Regulations, 2018-*Implemented *w.e.f.* 18.07.2018 as per the Mahatma Gandhi University Order No: 5020/AC L/2019/MGU Priyadarshini Hills, dated 19.10.2019)

Promotion from Assistant Professor (Senior scale/Academic Level 11) to   Assistant Professor (Selection Grade/Academic Level 12)

Part-A: General Information and Academic Background

1. Name (in Block Letters)   :

2. Father's /Mother's Name   :

3. Date of Birth   :

4. Sex   :

5. Name of the Department   :

6. Date of Entry in M. G. University service   :

7. Current Designation & Academic Level   :

8. Date of Last Promotion, if any   :

9. Date of Declaration of Probation   :

10. Stage for which you are an applicant for
    promotion under CAS   :

11. Proposed date of eligibility for
    promotion as per eligibility conditions
    and CAS promotion criteria   :

12. Indicate whether belongs to (SC/ST/
    OBC/ Minority/ Differently Abled)   :

13. Address for Correspondence (with Pin
    Code) with Mobile No. and E-mail   :

14. Permanent Address (with Pin Code)   :

15. Non Qualifying period of service,
    LWA etc. if any   :

16. Academic Qualifications

Examinations	Name of the Board/University	Year of Passing	% of marks obtained	Division/ Class/ Grade	Subject
Graduation					
Post Graduation					
Others					

17. Research Degrees

Degree	Title of Thesis/ Dissertation	Date of Award with Reg. No.	Discipline/ Subject	University
M.Phil.				
Ph.D.				
Any other*				

Professional qualification such as M. Tech.,etc.

18. Field(s) of specialization

19. Appointments held prior to Joining the Current Department

Designation	Name of Employer	Nature of Appointment	Date of Joining-Leaving	Salary with grade pay/ Level	Reason for Leaving	Reason for Leaving

20. Details of Courses attended as per UGC Regulations, 2018

Name of the Course	Place	Duration and Date	Name & Details of Institution/MOOC

21. Published Papers in Journals during assessment period

Sl. No.	Details of the Publication - Authors, Title, Name of the Journal , Issue (month and year) and Page nos	ISSN/ ISBN No.	Whether peer reviewed /UGC CARE list.	International /National /Regional	Impact factor, indexed if any with details
1					
2					
3					

I hereby declare that the information/documents provided by me are correct and verifiable, and I have carefully read the relevant provisions relating to promotion under Career Advancement Scheme (CAS) contained in UGC Regulations, 2018 as amended from time to time.

Place: Signature:

Date: Name and Designation:

Year wise Annual Performance Assessment Report as provided in UGC Regulation, 2018 Appendix II, Table 1

Part – B: Assessment Criteria and Methodology

(Applicants are required to refer to the relevant provisions of UGC Regulations, 2018)

1. Activity 1: Teaching (*Refer Annexure II, Table 1 of UGC Regulations, 2018*)

Year	Mode of Teaching	Total Classes Assigned	Number of Classes taught as per documented record	[No. of classes taught/Total No. of classes assigned]x100 %	% of Grade achieved	Grading (Self)

2. Activity 2: Involvement in Students Related Activities/ Research Activities

(Refer Annexure II, Table 1 of UGC Regulations, 2018)

Year	Administrative responsibilities.	Number of Activities during Assessment Period	Grading (Self)
	Examination and evaluation duties assigned by the universities in India and abroad		
	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.		
	Organising seminars/ conferences/ workshops, other university activities.		
	Research Guidance activities		
	Minor/ Major Projects		
	Publications		

3. Overall Grading *(Refer Foot note of Annexure II, Table 1 of UGC Regulations, 2018)*

Grade of Activity 1	Grade of Activity 2	Overall Grading

List of Enclosures:

(Please attach, copies of certificates, sanction orders, published research papers etc. whichever necessary)

I hereby declare that the information/documents provided by me are correct and verifiable, and I have carefully read the relevant provisions relating to promotion under Career Advancement Scheme (CAS) contained in UGC Regulations, 2018 as amended from time to time.

Place: Signature of Applicant:
Date: Name and Designation:

Certified that Mr./Ms./Dr…………………………………has been working as ………………………………………..in this department since………………………….
The particulars given in this Annual Self Appraisal Report have been checked and verified from the office records and are found to be correct.

Place: Head of the Department

Date:

(Office seal)

SUMMARY OF OVERALL GRADING OF SELF ASSESSMENT CUM PERFORMANCE APPRAISAL FOR PROMOTION OF TEACHERS

UNDER CAREER ADVANCEMENT SCHEME

Promotion from Assistant Professor (Senior scale/Academic Level 11) to   Assistant Professor (Selection Grade/Academic Level 12)

1. Name (in Block Letters)   :

2. Name of the Department :

3. Date of Entry in M. G. University service :

4. Current Designation & Academic Level :

5. Stage for which you are an applicant for

   promotion under CAS :

6. Proposed date of eligibility for

   promotion as per eligibility conditions

   and CAS promotion criteria :

Part A : Eligibility

Sl. No.	Eligibility parameter	Achieved/Not achieved (Yes/No)	Approval by IQAC	*Grading *(SEC/SC)*
1.	Required years of service completed (5 years)			
2.	Ph.D. Degree			
3.	Academic training programmes as per UGC Regulation, 2018			
4.	3 Research publications during assessment period			

Part B: CAS promotion criteria

Overall Grading (*Refer Foot note of Annexure II, Table 1 of UGC Regulations, 2018)*

Year wise	Grade of Activity 1	Grade of Activity 2	Overall Grading claimed	Overall Grading verified by IQAC	*Grading *(SEC/SC)*

SEC-Screening cum Evaluation Committee/ SC- Selection Committee

Verified by

Signature :

Name of the IQAC Member :

Place :

Date :

Recommendation by Screening cum Evaluation Committee/ SC- Selection Committee:

Place :

Date :