		<u>under 16</u>	yrs. Time Bound	Scheme.		
	<u>Statute</u>		<u>ancellor vide Letter i</u> alidity-01.02.1985(P			<u>Dated -</u>
	(In case		guous information, it wil			
Name	of the Candio	late :				
Subje	ct :					
(i) Na	me of the Col	lege :				
(ii) It	is Affiliated o	r Religious & Minority Colle	:ge:			
(Enclos	gious & Lingu se letter of the ( of the Univer	Govt.)	tion date of deceleration for	Minority College: :		
(a) Da	ate of substar	itive appointment as Lectu	rer ( Para 1(1)(b) of the Statute) :	D D M M Y	ΥΥΥΥ	
(b) Da	ate of confirm	ation as Lecturer : 🕞	D M M Y Y Y	]	<u> </u>	
(a) Da	ate of Promot	ion as Reader : 🕞	D M M Y Y Y Y	1		
(b) Da	ite of recomn	rendation of the Commissi	on for the promotion as Read	der: DDMI	Y Y Y	Y
(	Enclose letter o	f the Commission)	·			
(c) Ap	iproval of the Yes	syndicate in the promotio	n of Reader, in accordance v if yes, annex Notification l			
Como	<u>ر</u>		ion to Univ. Professor ( Para 1		Dlu	
SI.		Particulars		From To	Du	ration
(a)	Period rer	idered in Affiliated College	(Degree Level)	-	Y Y M	
(b)	Period rei	ndered in Religious & Lingu	istic Minority College			
			(Degre	e Level) -	Y Y M	I M D D
(c)	Total adm	issible period under Time B	Sound Promotion Scheme		V V M	MDD
(c) (d)		issible period under Time f ompletion of Sixteen vears			Y Y M	
(c) (d)	Date of c	ompletion of Sixteen years			Y Y M	
(d)	Date of co as Lectur	ompletion of Sixteen years er/Reader	of continuous service		D D N	1 M Y Y
(d) Propos	Date of co as Lectur sed date of pr	ompletion of Sixteen years er/Reader romotion to the post of Uni	of continuous service			
(d) Propos Educa	Date of co as Lectur sed date of po tional Qualific	ompletion of Sixteen years er/Reader romotion to the post of Uni cation of the Candidate :	of continuous service versity Professor	Year of Passino	D D M	M Y Y
(d) Propos	Date of co as Lectur sed date of po tional Qualifico nation	ompletion of Sixteen years er/Reader romotion to the post of Uni	of continuous service	Year of Passing	D D N	1 M Y Y
(d) Propos Educa <u>Exami</u> Matr	Date of co as Lectur sed date of po tional Qualifico nation	ompletion of Sixteen years er/Reader romotion to the post of Uni cation of the Candidate :	of continuous service versity Professor	Year of Passing	D D M	M Y Y
(d) Propos Educa Exami Matr Inter	Date of co as Lectur sed date of po tional Qualific nation •ic	ompletion of Sixteen years er/Reader romotion to the post of Uni cation of the Candidate :	of continuous service versity Professor	Year of Passing	D D M	M Y Y
(d) Propos Educa Exami Matr Inter Grac	Date of co as Lectur sed date of po tional Qualific nation ric rmediate	ompletion of Sixteen years er/Reader romotion to the post of Uni cation of the Candidate :	of continuous service versity Professor	Year of Passing	D D M	M Y Y

Ph.D

1

- 10. Assessment of Performance for 16 Years TBPS ( Para 1 (3) of the statute ) :
  - (a) Number of research papers published (Please do not mention publication beyond proposed due date of promotion) :

Research Paper	Date of Publication	Name of the Journal

(b) Books authored by Candidate (Please do not mention publication beyond proposed due date of promotion) :

Name of Books	Subject	Pages	Date of Publication	Name of Publishers

(c) Experience of Ph. D Guidance (Please do not mention information beyond proposed due date of promotion) :

Registration No. and Date	Topic of Research Work	Date of Thesis Submission	Date of Award Ph.D
	Registration No. and Date	Registration No. and Date  Topic of Research Work	Registration No. and Date  Topic of Research Work  Date of Thesis Submission

Whether candidate has significant contribution to the knowledge: Yes	
If yes, please mention and enclose details:	

II. Up to date CC Rolls from the date of promotion as reader till proposed date of promotion (Original CC Roll need to be enclosed as per Para 2 o the Statute).-

2 0 1112 31810127.

(a) Period Prior to 24 -12-1986

Whether CCR were being maintained during this period – Yes

No

If Yes, enclose copy of CCRs with comment of Screening Committee

If no enclose certificate with comment of Screening Committee

Give details as follows:

Year	CCR or Certificate	If Certificate please mention name and	Assessment report of Screening
		designation of issuing authority in the	Committee
		corresponding year	

## ( b) Period after 24-12-1986

( i ) enclose CCR in the Prescribed Performa as approved by the Chancellor

## ( ii ) Give details as follows :

Year	Whether CCR enclosed Yes/ No	Remark of the screening committee(Candidates or not required to fill this column)

12. Whether the proposal was ever rejected by the commission (Para 5 of the Statute): Yes No If yes, give details with letter no. of the Commission:

13. Whether any disciplinary action has been taken against you? If yes, please give details.

14. Total no. of certificate/testimonials attached with the application:.....

Certified that information furnished in the aforesaid paragraphs and the documentary evidence furnished are true and correct. For any omission or commission or wrong information, I shall be held solely responsible.

Date:

Place:

List of Enclosure:

Signature of the Applicant

## (To be filled in by the Head of Institution/Department)

1) Certified that the statement made above by the applicant have been found true and correct in respect of records and/or relevant testimonials and certificates.

2) Certified that C.C.R of the applicants is attached herewith in a sealed cover along with each application.

3) Certified that statements made in the applications have been verified.

Signature of the Head of the Institution/Department

Date:

## (To be filled in by the Office of the Registrar)

- 1. The application has been checked and found complete in all respects or incomplete in the following respect:-
- 2. Nothing in the records of the University is known to the contrary of the statement made by the applicant and certified by the Head of the Institution/Department concerned.

Signature of the Section Officer

Signature of the Officer Incharge

Signature of the Registrar

Date:

Seal of the University