

**APPLICATION-CUM-SELF APPRAISAL REPORT**  
**RANCHI UNIVERSITY**

**for Promotion of Lecturer (Senior Scale) to the post of Reader Under Career Advancement Scheme vide Gazette Notification No.- 486 Dt. 26.06.2008 of Human Resource Development Department and guideline issued vide Notification No.- 05 dt. 14/12/2018 of DHTE&SD, Ranchi**

(In case of incomplete or ambiguous information, it will not be entertained.)

1. Name of the Candidate : \_\_\_\_\_

2. Subject : \_\_\_\_\_

3. (i) Name of the Univ. Department/College : \_\_\_\_\_

(ii) It is University Department or Constituent College: \_\_\_\_\_

If constituent College mention date on which College may Constituent: \_\_\_\_\_

4. Name of the University : \_\_\_\_\_

5. Date of substantive appointment as lecturer - 

D	D	M	M	Y	Y	Y	Y
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6. (a) Date of promotion as Lecturer (Sr. Scale) - 

D	D	M	M	Y	Y	Y	Y
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(b) Date of promotion as Lecturer (Senior Scale) on the recommendation of the Commission- 

D	D	M	M	Y	Y	Y	Y
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(Enclose letter of the commission)

(c) Approval of the syndicate in the promotion of Lecturer (Senior Scale), in accordance with the recommendation of the Commission:

Yes  No  if yes, annex, Notification Letter. No.....dated.....

7. Educational Qualification of the Candidate :-

Examination	Board/University	Subject	Year of Passing	Division/Class	% of Marks
Matric					
Intermediate					
Graduation					
Post Graduate					
M.Phil					
Ph.D					

8. Computation of admissible period for promotion to Reader (Para 4.1.0 (a) of the statute):

Sl.	Particulars	From	To	Duration
i)	Period rendered in University department			Y Y M M D D
ii)	Period rendered in Degree college managed and maintained by University			Y Y M M D D
iii)	Total admissible period under Career Advancement Scheme			D D M M Y Y
iv)	Date of completion five yrs.of continuous service as Lecturer (Senior Scale )			D D M M Y Y

(9) Proposed date of promotion to the post of Reader:  
(Para 4.0.0 of the Statute)

D	D	M	M	Y	Y
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(10) Assessment of performance for Promotion to Reader (Para 4.1.0 of the Statute):

(i) Date of awarded Ph.D Degree: 

D	D	M	M	Y	Y
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Or

has equivalent published work : Yes  No

If yes, give details \_\_\_\_\_

(ii) Report of the referees : \_\_\_\_\_

(iii) Number of Quality Research papers published (Please do not mention publication beyond proposed due date of promotion):

Research Paper	Date of Publication	Name of the Journal

(iv) 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

(v) Contribution to the education innovation: Yes  No

If Yes, give details: \_\_\_\_\_

(vi) Whether candidate design of new courses : Yes  No

If Yes, give details : \_\_\_\_\_

(vii) Extension activities : Yes  No

If Yes, give details : \_\_\_\_\_

(viii) Any other research experience : \_\_\_\_\_

- (ix) Date of participation in two refresher course/summer trainings of approved duration after placement in the Lecturer (Sr. Scale):  
(Please do not mention beyond proposed due date of promotion)

Date	Period	Venue

Or

Engaged in other appropriate continuing education programmes of comparable quality as may be specified or approved by the UGC (within due date) –

11. Up to date CC rolls from the date of promotion as Lecturer (SS) till proposed date of promotion (Original CC Roll need to be enclosed as per Para 4.1.0 (e) & 4.3.8 of the Statute)

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

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 : 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:

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**(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