



VINOBA BHAVE UNIVERSITY, HAZARIBAG

**Placement of Lecturers to the post of Lecturer in the senior pay scale
(Only teachers in Constituent Colleges and PG Departments are eligible to apply)
Self Appraisal-cum-Application Format for the promotion of teacher under
Career Advancement Scheme w.e.f. 27.07.1998**

**Statute No.: 5/Pro-3-01/04-277-(Assented to by the Chancellor on 13-06-2008 and
Communicated by the Principal Secretary to Governor vide letter No. विविध-
01/2008/1050/रासस० dated 14th June,2008 and Higher Education Letter no. 01/04-
277/1063 dt. 11.04.2017 & 5/वि.1-06/2009-1067 दिनांक 11.04.17**

1. (a) Name of the applicant :
- (b) Designation :
- (c) Subject :
- (d) Name of the Univ. Dept./ :
Constituent College
2. Date of Substantive appointment :
as Lecturer
3. (a) Name of the recommending body for :
appointment on substantive basis
- (b) Name of the College where :
initially appointed
- (c) Date of College becoming constituent :
4. (a) Date of Promotion with designation :
as notified by University.
- (b) Date of recommendation letter of :
recommending Authority (JPSC)
(attach copy of notification)

5. Educational Qualification

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

6. (i) Nos. of Research paper Published :
in Standard National/International Journals (attach copies of the reprise)

(ii) Nos. of books Published (attach :
list with name of Publisher)

(iii) No. of Seminar/Synopsis attended :

7. Length of Services (a) In Constituent College of :
University

(b) In University Department :

8. (a) Date of completion of :
Four/five/Six years of continuous services as Lecturer

(b) Proposed date of promotion to the :
post of Lecturer in the senior pay scale (As per Para 2.1.0(a) of Statutes as amended up-to-date)

9. Details of Orientation /Refresher Courses
(Summer Institutes/Equivalent Course recognized by UGC (Attach Certificate))

Date	Period	Venue

10. Information regarding service in other Universities/Bodies as per relevant Statute as Lecturer/Reader

Post held	Name of the University	Nature of appointment	Date of joining	Date of leaving	Total Period

11. Whether any disciplinary action against you? If yes, please give details (attach list)

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12. Total no. of certificates/testimonials attached with :
 the application

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

Date :

Place :

Signature of Applicant

(TO BE FILLED BY THE HEAD OF THE INSTITUTE/DEPARTMENT)

1. Certified that the statement made above by the applicant have been found true and correct in respect of office records and /or relevant testimonials and certificates.
2. Certified that the CCR of the applicant is attached herewith in a sealed cover along with each application.
3. Certified that the statements made in the applications have been verified.

SIGNATURE OF THE HEAD OF THE
INSTITUTION/DEPARTMENT

(TO BE FILLED IN BY THE OFFICE OF THE REGISTRAR)

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 concerned.

SIGNATURE OF THE SECTION OFFICER

SIGNATURE OF THE OFFICER INCHARGE

SIGNATURE OF THE REGISTRAR

DATE :

SEAL OF THE UNIVERSITY