



**Human Recourses and Administration Division
Nāgānanda International Institute for Buddhist Studies**

EAVLUATION CERTIFICATION FORM FOR ACADEMIC SUPPORT STAFF

To: Head of the Department/Division/ Centre/Unit

..... The annual increment of Mr./Mrs./Ms.is due on(Date) Please report on his/ her work and conduct in this form and also state whether you recommend his/ her increment and forward this form to the Vice-Chancellor/Registrar.

**EAVLUATION CERTIFICATE
PART I**

01.	Name						
02.	Date of First Appointment						
03.	Present Post and Date of Appointment to that Post						
04.	Department/ Division/Centre/Unit						
05.	Salary Scale and Present salary Step	Rs.					
		Rs.					
06.	Date of Increment						
07.	Amount of Increment	Rs.					
08.	New salary step with the annual increment						
09.	Whether grant of increment depends on passing of an Efficiency Bar	Yes/No/Not applicable					
10.	Leave particulars during the previous and current year	Year	Casual	Vacation	Half Pay	No Pay	Other

.....
Prepared by:
Date:

.....
Registrar
Date:

PART III

Report of Head of Department/Division/Centre/Unit regarding the work and conduct of the employee.

1	Evaluation	Please mark in the appropriate box				
		Excellent	Very Good	Good	Satisfactory	Poor
	a) Work and conduct					
	b) Application to work					
	c) Output and quality of work					
	d) Reliability without supervision					
	e) Responsibility					
	f) Relation with colleagues					
	g) Dealing with students, staff and the public					
	h) Leadership					
2	a) Commendations during the incremental year					
	b) Punishments during the incremental year					
3	Comments on the self-evaluation of the employee under part II					
4	Suggestions for training and skills					

	development of the employee or other suggestions	
5	Whether the increment is recommended or not recommended (give the reasons if not recommended)	

Date:

.....

Signature of the Head of the Department/
Division/Centre/Unit

Vice-Chancellor/Registrar

Increment is recommended/ not recommended

(Give reasons if not recommended)

Date:

Signature of the Dean Faculty of

/Director of School of ICT

Increment Approved/ Not Approved

(Give reasons if not approved)

Date:

Signature of the
Vice-Chancellor/Registrar