



Human Recourses and Administration Division  
Nāgānanda International Institute for Buddhist Studies

**EVALUATION CERTIFICATION FORM FOR ACADEMIC STAFF**

To: Head/ Dept. of..... ( .....)

The annual increment of ..... is due on .....  
Please report on his work and conduct in this form and also state whether you recommend his increment and forward this form to the Vice-Chancellor/ Registrar through the Dean of the Faculty/ Director of SICT.

Date: .....  
Registrar

EVALUATION CERTIFICATE			
01.	Name		
02.	Present appointment and date of appointment to this grade		
03.	Date of first appointment		
04.	Department/ Centre/Unit		
05.	Salary scale and present salary step	U-AC Rs.	
		Rs.	
06.	Date of Increment		
07.	Amount of Increment	Rs.	
08.	New salary step with the annual increment	Rs.	
09.	Details of Leave taken during the incremental period	Type of Leave	Duration

Prepared by:

Date:

Snr. Prof./ Prof./Dr. /Mr./Ms. ....  
 Department of .....

Please be good enough to complete the Self-Evaluation Report given below and return to me within two (2) weeks to be considered for granting your annual increment.

.....  
 Date

.....  
 Signature of the Head of the Dept. of .....

### Self-Evaluation Report (SER)

No.	Description	Undergraduate Courses (Number of Hours)		Postgraduate Courses (Number of Hours)	
		Per week	Per Year	Per week	Per year
1	Lectures conducted				
2	Tutorials conducted				
3	Practicals conducted				
4	Student projects supervised	Undergraduate (Number of Projects)		Postgraduate (Number of Projects)	
(Please attach a separate sheet if space provided for Section 5 to 9 is not adequate)					
5	Research carried out	a			
		b			
		c			
		d			
		e			
6	Research Publications and scholarly work	a			
		b			
		c			
		d			
		e			
7	Participation at Seminars, Conferences etc. and presentations made	a			
		b			
		c			
		d			
		e			
8	Administrative duties performed	a			
		b			
		c			
		d			
		e			

9	Special contribution rendered to the Department/ Faculty	a	
		b	
		c	
		d	
		e	
10	Any other special services rendered to the University	a	
		b	
		c	
		d	
		e	
I certify the above particulars furnished by me are true and correct.			
..... Date		..... Signature of the Staff Member	

Dean, Faculty of .....

My observations and recommendation with respect to the annual increment of the above member of staff are given below for your consideration and recommendation.

1	Performance	
2	Conduct	
3	Any other observations and comments	
4	Whether increment is recommended or not	
5	Reasons if the increment is not recommended	
	..... Date	..... Signature of the Head of the Department of .....

Vice-Chancellor,  
 My observations and recommendation with respect to the annual increment of the above member of staff are given below for your consideration and approval.

1	Observations & comments	
2	Whether increment is recommended or not	
3	Reasons if the increment is not recommended	
	..... Date	..... Signature of the Dean of the Faculty

Registrar  
 The annual increment of.....is approved/not approved.

Reasons if the increment is not approved.

..... Date	..... Signature of the Vice-Chancellor
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