



Human Recourses and Administration Division  
Nāgānanda International Institute for Buddhist Studies

**EVALUATION CERTIFICATION FORM OF NON-ACADEMIC STAFF  
PART I**

01.	Name:	
02.	(a) Designation:	
	(b) Date of first appointment:	
	(c) Department/Division:	
03.	Salary Scale and Salary Code :	
04.	Increment due date:	
05.	Present Salary Step:	Rs.
06.	Value of the increment:	Rs.
07.	Present salary step inclusive of new increment:	Rs.
08.	(i) Does grant of increment depend on: (a) passing of any qualifying Examination / Test?	Yes/No/Not applicable
	(b) confirmation of appointment?	Yes/No/Not applicable
	(ii) Has the employee qualified accordingly?	Yes/No
09.	Give Particulars, if increment has been suspended, stopped, reduced, or deferred since last increment	

**Prepared and submitted to the Registrar by:**

.....  
Management Assistant  
Human Resources and Administration  
Division

.....  
Signature  
Date

10.	Particulars of Leave taken					
	Period	Casual	Vacation	Half Pay	No Pay	Other
	Current Year					
	Previous Year					

**Prepared and submitted to the staff officer by:**

.....  
Management Assistant  
Human Resources and Administration Division

.....  
Signature  
Date

Dean/Director SICT/Librarian/Head of the Department/Division of  
.....

Please fill the report given overleaf and make your recommendation with respect to  
granting the increment to Mr/ Mrs/ Miss.....  
and return same to me under confidential cover.

.....  
Signature of Registrar

.....  
Date

## PART II

### Report of the Dean/ Librarian/ Head of the Department/Division (To be sent to the Human Resources and Administration Division)

01. Punctually and attendance during the incremental year :	
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02. Work and Conduct:	Excellent	Very Good	Good	Satisfactory	Fair	Poor
(a) Application to work						
(b) Outlook to work						
(c) Output and quality of work						
(d) Responsibility						
(e) Timely completion of tasks						
(f) Relations with colleagues and superiors						
(g) Dealing with students and the public						
(h) Leadership and Personality						
(i) Reliability without supervision						
(j) Team work						

03. Commendations or Censures/ Warnings given during the incremental year (If any)	
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04. Annual increment is recommended/ not recommended. If not recommended give reasons.	
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..... Signature of the Dean / Librarian / Head of the Department /Division	..... Date
Seal	

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Registrar,

Submitted for your approval/consideration to grant increment.

.....  
Management Assistant  
Human Resources and Administration Division

.....  
Date

**PART III**

**ORDER OF THE OFFICER AUTHORIZED TO GRANT THE INCREMENT**

Granting of the increment is

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.....

.....  
Registrar

.....  
Date