**Appendix**

(SOP For Guidelines / Rules For Promotion Of Faculty Under Career Advancement Scheme (CAS))

**ARMY INSTITUTE OF TECHNOLOGY**

**PROFORMA FOR PROMOTION UNDER CAREER ADVANCEMENT SCHEME (CAS)**

Application for Promotion from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period of Assessment for the purpose of promotion (including grace period, if any)

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART A : GENERAL INFORMATION AND ACADEMIC BACKGROUND**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name (in Block Letters) | : |  |
|  | Father’s Name / Mother’s Name  | : |  |
|  | Department  | : |  |
|  | Current Designation & Grade Pay | : |  |
|  | Date of Last Promotion with date and order number | : |  |
|  | Position and Grade Pay / Level for which an application under CAS ? | : |  |
|  | Date of Eligibility for Promotion | : |  |
|  | Date of Birth | : |  |
|  | Contact Number  | : |  |
|  | Email ID | : |  |

11. Academic Qualification (Matric Onwords) :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Examination** | **Specialization** | **University / Board** | **Year** | **CGPA / % of Marks obtained** | **Division & Distinction** |
| Matric |  |  |  |  |  |
| Intermediate (10+2) |  |  |  |  |  |
| Bachelor’s Degree (BE/ B. Tech) |  |  |  |  |  |
| Master’s Degree (ME/ M. Tech) |  |  |  |  |  |
| Ph. D. |  |  |  |  |  |
| D. Sc. / D. Litt |  |  |  |  |  |
| Other Exam (if any) |  |  |  |  |  |
| Serial Number of Proof Attached \_\_\_\_\_\_\_\_\_ |

12. Record of Service in AIT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Designation** | **Essential Qualification for the post at the time of Appointment** | **Nature of Appointment (Regular / Fixed Term / Temporary / Adhoc** | **Nature of Duties** | **Pay Scale** | **Period** | **Total Experience** |
| **From** | **To** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

13. Total period of Teaching Experience in AIT (in years) :

14. Short Term Courses Attended :-

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Title** | **Place** | **Duration** | **No. of Weeks (1/2/3)** | **Sponsoring Agency** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Serial Number of Proof Attached \_\_\_\_\_\_\_\_\_ |

15. List of Publication (for the purpose of evaluation, attach copy of only best five publications)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Authors** | **Title** | **Journal** | **Vol / No. / Yr / PP** | **Indexed by** | **Impact Factor**  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

16. Any other relevant information :-

17. Future Plans

(Please Provide a brief write up of your future plans for teaching and research)

(a) Teaching : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (b) Research : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. List of self-attested testimonials attached (original to be produced at the time of interview)

|  |  |  |
| --- | --- | --- |
|  | Graduation Marksheet / Degree |  |
|  |  |  |
|  | Post - Graduation Marksheet / Degree |  |
|  |  |  |
|  | M. Phil. Degree  |  |
|  |  |  |
|  | Ph. D. / M. Phil. Degree |  |
|  |  |  |
|  | Experience Certificate other than AIT |  |
|  |  |  |
|  | Post-Doctoral Fellowship |  |
|  |  |  |
|  | Award(s) / Fellowship(s) |  |
|  |  |  |
|  | Research Publications including Books |  |
|  |  |  |
|  | Research Guidance (No. of Students Guided) |  |
|  |  |  |
|  | Research Project |  |
|  |  |  |
|  | Papers presented in Seminar / Conferences / Workshops |  |
|  |  |  |
|  | Peer recognition / citation of publications |  |
|  |  |  |
|  | Consultancy undertaken |  |
|  |  |  |
|  | Others |  |

Total Number of above self-attested testimonials attached \_\_\_\_\_\_\_ (in words \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Note : Application without the above self-attested testimonials will not be accepted.

**OTHER RELEVANT INFORMATION**

**Please give details of any other credential, significant contribution, awards received etc. not mentioned earlier.**

|  |  |
| --- | --- |
| **Sr. No.** | **Details (Mention Year, Value etc where relevant)** |
|  |  |
|  |  |
| Serial number of Proof Attached, if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CERTIFICATE / DECLARATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son / daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that all statements and entries made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the Selection Committee or any other stage, my candidature / appointment may be cancelled by the AIT, Pune without prejudice to initiation of any other disciplinary action.

Signature of Applicant

Date : Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verified by Reporting Officer / HoD**

Date : Signature of Head of Department

Note : The application form duly filled along with all enclosures, submitted for CAS promotions will be duly verified by the Institute as necessary and placed before the Screening-Cum-Evaluation Committee or Selection Committee for assessment / verification.

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION TO BE FILLED BY THE SCREENING COMMITTEE**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Contents** | **Verification by Screening Committee** |
| 1. | Whether application has been received within the due date | Yes / No |
| 2. | Whether fulfilling the requisite educational qualification required under CAS | Yes / No |
| 3. | Whether completed the qualified service required under CAS | Yes / No |
| 4. | Whether attended the required number of STC etc. | Yes / No |
| 5. | Whether having required number of Research Publication  | Yes / No |
| 6. | Whether requisite documents have been attached with the application form | Yes / No |
| 7. | Whether claimed the minimum required yearly / cumulative API score | Yes / No |

**Recommendations of the Preliminary Screening Committee :**

The candidate is eligible /non-eligible to be considered for Screening-cum-Verification / Selection Committee as the case may be with respect of basic minimum requisitions under CAS.

**Name and Signature of the Screening Committee Members**

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION TO BE FILLED BY THE OFFICE**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Contents** | **Verification by Screening Committee** |
| 1. | Whether any minor / major penalty has been imposed on him / her during the said assessment period | Yes / No |
| 2. | Whether work and conduct of the candidate as observed from the Annual Self-Appraisal Report for the assessment period has been found to be Good  | Yes / No |

**2.1 Proforma for Annual Performance Appraisal Report Grading**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Assessment Period |  |  |  |  |  |  |
| Grading of Annual Assessment Report  |  |  |  |  |  |  |

**Recommendations of the Office**

The candidate is eligible / non-eligible to be considered for Screening-cum-Verification / Selection Committee as the case may be with respect to work and conduct.

**Name and Signature of the Officials Verified the Particulars**