

APPENDIX VI (D)

**INCREMENT 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 staff officer by:

.....
Name of the Management Assistant

.....
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:

.....
Name of the Management Assistant (Leave)

.....
Signature

.....
Date

Dean/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 AR/SAR/DR (Establishments)

.....
Date

PART II

**Report of the Dean/ Librarian/ Head of the Department/Division
(To be sent to the Establishments Division)**

01. Punctually and attendance during the incremental year :						
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)						
04. Annual increment is recommended/ not recommended. If not recommended give reasons.						
<p>.....</p> <p>Signature of the Dean / Librarian / Head of the Department /Division</p> <p>.....</p> <p>Date</p> <p>Seal</p> <p>-----</p>						

Registrar,

Submitted for your approval / consideration to grant increment.

.....
Signature of AR/SAR/DR (Establishments)

.....
Date

PART III

ORDER OF THE OFFICER AUTHORIZED TO GRANT THE INCREMENT

Granting of the increment is

.....
.....
.....
.....

.....
Registrar

.....
Date