

APPENDIX VI (A)

INCREMENT CERTIFICATION FORM FOR ACADEMIC STAFF

UNIVERSITY OF

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/ Rector/ Director through the Dean of the Faculty.

Date:

.....
Deputy Registrar/ Senior Assistant Registrar
Establishments

INCREMENT 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

<p>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.</p>		
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
<p>Deputy Registrar/Senior Assistant Registrar/Establishments The annual increment ofis approved/not approved.</p> <p>Reasons if the increment is not approved.</p>		
 Date Signature of the Vice-Chancellor