GOVERNMENT OF MIZORAM HIGHER & TECHNICAL EDUCATION DEPARTMENT

PROFORMA FOR PROMOTION FROM ______TO _____TO _____UNDER CAREER ADVANCEMENT SCHEME (CAS)

{To be submitted for consideration for promotion to Assistant Professor (Senior Grade), Assistant Professor (Selection Grade) and Associate Professor)}

(As per UGC Regulations on Minimum Qualifications for Appointment of Teachers and other Academic Staff in Universities and Colleges and Measures for the Maintenance of Standards in Higher Education, 2018)

OVERALL ASSESSMENT PERIOD

Name of College/ Institution:

PART A: GENERAL INFORMATION AND ACADEMIC BACKGROUND

1.	Name (in Block Letters)	:	
2.	Father's Name/Mother's Name	:	
3.	Date and Place of Birth	:	
4.	Sex	:	
5.	Marital Status	:	
6.	Nationality	:	
7.	Department	:	
8.	Date of entry into service	:	
9.	Years of teaching experience	:	
10.	Date of last Promotion	:	
11.	Current Designation and Academic Level	:	
12.	Date of eligibility for promotion	:	
13.	Category (SC/ST/OBC/PWD/EWS/General)	:	
14.	Address for correspondences (with Pin Code)		:



Address:	
Telephone No:	
Mobile No:	
E-mail ID:	

15. Permanent Address (with Pin Code) if different from Sl No. 14:

16. Academic Qualifications:

Examinations	Name of the Board/ University	Year of Passing	% of marks obtained	Division/ Class/Grad e	Subject
Graduation					
Post-Graduation					

17. Research Degree(s)

Degrees	Title of dissertation/thesis	Date of Award	Name of the University
M.Phil.			
Ph.D./D.Phil.			
D.Sc./D.Litt.			

18. Period of teaching experience:

Name of	Designation with pay	with payPermanent/scale/PayContractBand withetc.	Level (UG/PG From)		Total Experience (as on)			
college/ institution	scale/Pay Band with Grade pay			From	То	Year	Month	Day



- 19.
 Research Experience excluding years spent in M.Phil./Ph.D.:
 Years
- 20. Fields of Specialisation under the Subject/Discipline:

21. DETAILS OF COURSES/PROGRAMMES/WORKSHOP/MOOCs ATTENDED OR COMPLETED DURING THE ASSESSMENT PERIOD*:

a. Details of UGC-HRDC refresher/orientation course/research methodology/workshop/ syllabus up-gradation/ teaching –learning-evaluation/technology programmes/ Faculty Development Programme

Sl	Details	Place	Period		Sponsoring/Organising Agency
No			From	То	Agency

b.(i) MOOCs completed with e-certification:

Sl No	Details of MOOCs (with credit)	Subject	Certification providing agency	Date of certification	Level (UG/PG/ Other)	E- certification no.



b.(ii) Contribution towards development of e-content/MOOCs in 4 quadrants:

Sl No	Details of E- contents/ MOOCs in 4 quadrants	Quadrants developed	No of Modules	Course	Sponsoring Agency	Year	Level (UG/PG/ Other)

b.(iii) Contribution towards conduct of MOOCs:

Sl. No.	Details of MOOCs	Subject	Year	Sponsoring Agency	Level (UG/PG/ Other)	E- certification no.

*For details of relevant courses, refer para 6.4.B of UGC Regulations, 2018.

22. Period of absence on Leave etc. during the assessment period. (Paid Leaves – refer Appendix II, Table 1 of UGC Regulations, 2018)

On leave (specify type of	Per	riod	Remarks
leave)	From	То	
Others (dependential and a)	De		Demerler
Others (deputation etc)		riod	Remarks
	From	То	



PART-B: PERFORMANCE ASSESSMENT REPORT & GRADING DURING THE ASSESSMENT PERIOD

Sl. No.	Academic Year/ Session	Grade in Part B.1	Grade in Part B.2	Overall Grade
1.				
2.				
3.				
4.				
5.				
6.				

(Grades claimed by the Applicant)

PART-C: OTHER RELEVANT INFORMATION

(a) Membership/Fellowship of Learned bodies/Societies:

(b) Literary, cultural or other activities (e.g. achievement in sports etc.) in which the teacher is interested and distinctions obtained:

(c) Please give details of any other credential, significant contributions, awards received, responsibilities, etc. not mentioned earlier.

(d) Future Plans (In approximately 150 words):

LIST OF ENCLOSURES: (Please attach self-certified copies of certificates, sanction orders, papers, etc. wherever necessary)

- 1.
- 2.
- 3.
- 4.



PART-D: DECLARATION

I have read the applicable guidelines, which are binding. I do hereby solemnly declare that the information given, the statements made and documents enclosed with this application are correct and true to the best of my knowledge and belief.

Date:

Signature & Designation of the Applicant

We certify that has been working as in this College/Institution since

The particulars given in this proforma have been checked and verified from office records and documents enclosed are found to be correct.

The gradations have been verified on the basis of the performance of the applicant and the credentials/documents provided and enclosed herewith by the applicant.

Sl. No.	Academic Year/ Session	Grade in Part B.1	Grade in Part B.2	Overall Grade
1.				
2.				
3.				
4.				
5.				
6.				

(Grades awarded by the Expert)

Signature of Expert

Signature of Expert

Signature of Principal



Signature of HOD

NOTE:

1. For the purpose of assessing the grading of various activities at B1 & B2 all such periods of duration which have been spent by the teacher on different kinds of paid leaves such as Maternity Leave, Child Care Leave, Study Leave, Medical Leave, Extraordinary Leave and Deputation shall be excluded from the grading assessment. The teacher shall be assessed for the remaining period of duration and the same shall be extrapolated for the entire period of assessment to arrive at the grading of the teacher. The teacher on such leaves or deputation as mentioned above shall not be put to any disadvantage for promotion under CAS due to his/her absence from his/her teaching responsibilities, subject to the condition that such leave/deputation was undertaken with the prior approval of authority concerned following all procedures laid down in the UGC Regulations, 2018 and as per the acts, statutes and ordinances of the parent institution.

