

PRAVARA RURAL EDUCATION SOCIETY, PRAVARANAGAR

Name of the Institute/College:

1. Name of the staff :
2. Name of Department :
3. Present Designation : present salary:
4. Total Experience :
 - a) Total approved experience :
 - b) Permanent approval No & date:
 - c) Academic approval No & date :
5. Qualification at the time of joining & date :
(Mention against each degree: Full time/part-time/correspondence /distance education etc)

Course	Diploma	UG (B.E./B.Tech/ B. Pharm/B.Arch etc)	P.G. (M.E./M.Tech/ M. Pharm/M.Arch etc)	Ph.D.	Others (NET/SET/GATE)
Date of Completion					

6. Additional qualification obtained after joining the institute:
7. Research paper publication in last 3 years (Nation/International) :
 - A) Journals

Sr. No.	Title with page no.	Journal	ISSN/ISBN No.	Whether Peer reviewed, Impact factor, if any	No. of Co-authors	Whether you are the main author?

B) Conference (National/International)

Sr. No.	Title with page no.	Details of Conference Publication	Whether Peer reviewed,	ISSN/ISBN No.	No. of Co-authors	Whether you are the main author ?

8. Seminar & Workshop in last 3 years (attended/organized)

Sr. No.	Program	Duration	Organized by

9. Placement Contribution :

10. Specific work done for NAAC/NBA:

11. MoU with different industry & Institute in last 3 years:

a) MoU with alumni

b) MoU with industry other than Alumni

12. Real time data collected for alumni till date by you:

13. Research proposals, Funds/grants in last 3 years:

Sr. No.	Title	Agency	Period	Grant/Amount mobilized (Rs. lakh)

14. Patents/book's publication (if any):

15. Admissions in your department in last 5 years :

Year					
No. of Admissions					

16. Efforts taken to improve for the admission in last 5 years and number of students admitted:

17. Any additional responsibility if you wish to state:

18. Plans for next one year target:

A) Research/consultancy:

B) Publications:

C) Admission:

D) Placements:

E) Activities at department & college level :

F) Interaction with alumni :

G) Contribution in newsletters of the department /Institute:

H) Any other

Place:

Date:

Signature with date

Note: **Submit supporting documents for your claim**