

**INTERNAL QUALITY ASSURANCE CELL (IQAC)**

**PROFORMA FOR BEST NON TEACHING STAFF OF THE MONTH AWARD (ADMINISTRATION)**

**Month and year of Application:………………………………………………………………….**

**Section: Administration/Accounts-Purchase/University Departments**

|  |  |
| --- | --- |
| Name of the Staff |  |
| Designation |  |
| Date of Joining |  |
| Number of days worked/total working days |  |
| Number of days attended without late entry |  |
| Number of days attended without early exit |  |
| Number of hours worked beyond office hours |  |
| Number of files handled |  |
| Approach with students/Faculty |  |
| Patience level |  |
| Committedness |  |
| **Write up in 100 words why you should be selected for the award** | |

**Signature of the Staff :………………………………………………Date:……………………………………….**

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**FOR OFFICE USE ONLY**

**Confidential Remarks by the Section Head**