

**INTERNAL QUALITY ASSURANCE CELL (IQAC)**

**PROFORMA FOR BEST FACULTY OF THE MONTH AWARD**

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

**Name of the Department: …………………………………………………………………………….**

|  |  |
| --- | --- |
| Name of the Faculty |  |
| Date of Joining |  |
| Subjects handling this semester |  |
| No. visits made to the Prof VBS Rajan Library |  |
| No. of conferences/seminars/symposium attended |  |
| No. of workshops/training/FDP attended |  |
| No. of papers presented in seminar/conference |  |
| No. of extension activities organized |  |
| No. of Guest lectures organized |  |
| Registration in NPTEL/other online courses |  |
| No. of paper published | SCOPUS:…………..UGC:…………….. |
| No. of invited lectures presented |  |
| No. of recognitions such as Awards/Fellowship/Guest of Honour/External Examiner/DC member/Board of Studies |  |
| No. of Research articles reviewed for standard journals |  |
| No. of study materials uploaded/video lectures delivered |  |
| No. of memberships in professional bodies |  |
| No. of consultancy/research projects/seed money projects submitted |  |
| No. of consultancy/research projects/seed money projects engaged/received |  |
| **Write up in 100 words why you should be selected for the award (enclose separately)** | |

**Note: Submit evidences for all the data/details as enclosures**

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

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**FOR OFFICE USE ONLY**

**Confidential Remarks by the HoD**