**Application for Innovative Teaching Award for the Year 2017**

(Teacher should submit the information in the following format. The same should be submitted through the Head of the Department and through Dean/Director/Principal of the College/Institute. Enclose Xerox, self attested copies of supporting documents, latest photographs, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **General Information** | **:** |  |
| a. | Full Name | : |  |
| b. | Residential Address | : |  |
|  | Contact details |  |  |
|  | Telephone (R) |  |  |
|  | Mobile |  |  |
|  | E-mail |  |  |
| c. | Office Address | : |  |
|  | Name of the College/Institute | : |  |
|  | Department | : |  |
|  | Designation | : |  |
|  | Telephone (office) with extension | : |  |
| d. | Date of Birth | : |  |
| e. | Area of Specialization | : |  |
| **2.** | **Academic Qualifications**  (Attach documentary proofs) | **:** |  |
|  | UG | : |  |
|  | PG | : |  |
|  | Other | : |  |
| **3.** | **Total Teaching Experience**  (Attach documentary proof)  **(20 Marks)** | **:** |  |
| **4.** | **Innovative and Empowering Pedagogical Practices From Thought to Action**  (Attach relevant supporting documents/write up) | **:** |  |
| **5.** | **Extension Work / Community Services/ Members of National Board/ Editorial Board/ Reviewer/ Mass Media etc.** | **:** |  |
| **6.** | **Publications during the year**  **1st July 2016 to 30th June 2017 indexed in Scopus, Pubmed, Web of Science**  (Case report, review article, commentaries, photoquiz, pictorials CE will not be considered) | **:** |  |
| **7.** | **Participation in various activities of the college/institute / University during the year 1st July 2016 to 30th June 2017** | **:** |  |
| a. | College / University / Institution | : |  |
| b. | Co-curricular activities | : |  |
| c. | Enrichment of Campus Life | : |  |
| d. | Students Welfare, Mentorship & discipline | : |  |
| e. | Membership Bodies / Committees | : |  |
| **8.** | **Any other relevant information** | **:** |  |

Date: (Signature of the Faculty)

Date: (Signature and Seal of the

Head of the Department)

Date: (Signature and Seal of the

Dean / Director / Principal of the College/Institute)