**Application for Consistent Performance Award**

**for the Year 2020**

(Teachers 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 proof) | **:** |  |
|  | UG | : |  |
|  | PG | : |  |
|  | Other | : |  |
| **3.** | **Complete details of Publications**(Attach documentary proof & list during 1st July’15 to 30th June’20)(Indexed in Scopus, Pubmed & Web of Science)(Case report, review article, commentaries, photoquiz, pictorials CM will not be considered) | **:** |  |
| **4.** | **Average Impact Factor for all the Publications as per SJR Index****During last five year** (1/7/2015 to 30/06/2020)  | **:** |  |
| **5.** | **Significant Relevance of the research work carried out during last five year** (01/07/2015 to 30/06/2020) **as reflected in the publications with principal findings**(Attach two page write-up) | **:** |  |
| **6.** | **Research Grant received** 1. **International**
2. **National**
3. **DPU Funding**
 | **:** | **Amount received Amount**  **utilized** |
| **7.** | **Average Citation index as per Scopus & Pubmed****During last five year** (01/07/2015 to 30/06/2020) |  |  |
| **8.** | **Patents****Received -** **Filed Successfully –** **During last five year** (01/07/2015 to 30/06/2020) | **:** |  |
| **9.** | **Any other Significant 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