**Application for Consistent Performance Award**

**for the Year 2025**

(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. Enclosed Xerox self-attested copies of supporting documents, latest photographs, etc.) Candidate must serve at Dr. D. Y. Patil Vidyapeeth continuously for more than 5 years.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 **2020 to 2024**, the last five years)  (Indexed in Scopus, PubMed & Web of Science) | **:** |  |
| **4.** | **Quality of Publication**   * **Number of Publications according to Quartile of Journal**   **The highest Impact Factor publication** | **:** | Q1 : 4  Q2 : 3  Q3 : 2  Q4 : 1  IF > 15  IF 10 – 15  IF 5 – 10  IF < 5 |
| **5.** | **Extra-mural Research Grant received:**   1. **International** 2. **National** | **:** | **Sanctioned Received Utilized** |
| **6.** | **Citation index as per Scopus & Web of Science**  **During the last five years**  **(2020 to 2024)** |  |  |
| **7.** | **Significant Relevance of the research work carried out during the last five years** (**2020 to 2024**) **as reflected in the publications with principal findings.**  (Attach write-up in 500 words) |  |  |
| **8.** | **Patents (2020 – 2024)**  **Published -**  **Granted –**  **Technology Transfer/start-up**  **(Attach registration copy as proof)** | **:** |  |
| **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