 **Banaras Hindu University**

**Pro-forma for Placement/Promotion for Teaching positions of Faculty of Medicine & Dental Sciences, IMS, BHU under DYNAMIC ASSURED CAREER PROGRESSION (DACP) SCHEME**

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|  | Name (in Block Letters): | Paste a Recent Passport Size Photograph |
|  | Date of Birth : |  |
|  | Sex: Male/ Female |  |
|  | Father’s Name : |  |
|  | Mother’s Name : |  |
|  | Marital Status : |  |
|  | Nationality : |  |
|  | Religion : |  |
|  | Department: Faculty/Instt.: |  |
|  | Present Designation on which you are working : |  |
|  | Academic Level of Pay : |  |
|  | Date of last Appointment/Promotion on the present post: |  |
|  | Position and Level for which you are an applicant under DACPS: | |
|  | Date of eligibility on promotion which you claim: |  |
|  | The category you belong to : SC/ST/OBC/Gen |  |
|  | Address for Correspondence (with PIN Code): |  |
|  | Permanent Address (with PIN Code) : |  |
|  | Telephone No.:  Mobile No.:  e-mail: |  |

1. **Academic Qualifications (Matric till post graduation)**

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| **Examination** | **Name of the Board/ University** | **Year of passing** | **Percentage of Marks obtained** | **Div./**  **Grade** | **Subjects** |
| High School/ Matric |  |  |  |  |  |
| Intermediate/+2 |  |  |  |  |  |
| Graduation |  |  |  |  |  |
| Professional Graduation |  |  |  |  |  |
| Post Graduation |  |  |  |  |  |
| DM/M.Ch. |  |  |  |  |  |
| Other examinations / Super-  Specialization, if any |  |  |  |  |  |
| Ph.D./D.Phil. |  |  |  |  |  |
| D.Sc./D.Lit |  |  |  |  |  |

1. **Posts held after appointment at BHU.**

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| **Designation** | **Department** | **Date** | | **Salary Level of Pay** |
| **From** | **To** |
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1. **Experience as Senior Resident/Tutor/Demonstrator/Registrar/Consultant (Post P.G.):**

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| **Designation** | **Department & College / Institute** | **Date** | | **Salary Level of Pay** |
| **From** | **To** |
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|  | **Period of teaching experience:** | |  |  |  |
|  | As Senior Resident: | P.G. Classes (in years) |  | U.G. Classes (in years) |  |
|  | As Asstt. Prof./Asso. Prof./Professor: | P.G. Classes (in years) |  | U.G. Classes (in years) |  |

1. **Fields of specialization :**

**(a).**

**(b).**

**Research and Academic Contributions**

(During the entire period of assessment)

**23. Published Original Research Papers in Journals indexed in Scopus, PubMed, Medline, Embase/ Excerpta Medica, Index Medicaus, and Index Copernicus :**

| **S.No** | **Title with page Nos. and Vol. No.** | **Name of Journal** | **ISSN/ ISBN No.** | **Name of Indexing Agency** | **Citation Index** | **Impact Factor** | **Authorship:**  **First/Principal/ Corresponding/Supervisor/ Mentor/Co-author** | **No. of co-authors** |
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**24. Books Published as Single Author or Co-Author/ Editor of a Book or Journal:**

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| --- | --- | --- | --- | --- | --- | --- |
| **S.No** | **Title with page nos.** | **Type of Book & Authorship/**  **e-Book** | **Publisher & ISSN/ISBN No.** | **Whether peer reviewed** | **Authorship:**  **Sole Author/Co-author/Editor** | **No. of co-authors** |
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**25. Articles/Chapters Published in Books:**

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| --- | --- | --- | --- | --- | --- | --- |
| **S. No** | **Chapter title with page nos.** | **Book title & Publisher** | **ISSN/ ISBN No.** | **Whether peer reviewed.** | **Whether you are the first author or co-author** | **No. of co-authors** |
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**26. Research Project :**

**(i) Sponsored Project :**

| **S.No.** | **Title** | **Agency** | **Period** | **Amount of Grant**  **(In Lac)** |
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**(ii) Consultancy Project :**

| **S.No.** | **Title** | **Agency** | **Period** | **Amount mobilized with**  **(In Lac)** |
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**(iii) Project Outcome/Output :**

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| **S. No.** | **Patent/ Technology Transfer/ Product/ Process** |
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**27. Research Guidance as Supervisor or Co-Supervisor :**

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| --- | --- | --- | --- |
|  | **Number enrolled** | **Thesis submitted** | **Degree awarded** |
| III (D) (i) M.Pharm./MD/ MS/ MDS/ DNB/DM /M.Ch.or equivalent |  |  |  |
| III (D) (i) Ph.D. |  |  |  |

**28. Fellowships, Awards and Invited lectures delivered in conferences / seminars :**

**(i) Fellowships/Awards:**

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| --- | --- | --- |
| **S.No.** | **Details of Fellowship/Award** | **Whether International/ National** |
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**(ii) Papers Presented in Conference, Seminars or Organization of Exhibition & Art Galleries :**

| **S.No** | **Title of Paper/ Art Presented** | **Title of Conference/ Seminar/ Exhibition** | **Organizer (s)** | **International/ National/ State or University level** |
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**Other Relevant Information**

Please give details of any other credential, significant contributions, awards received etc. not mentioned earlier.

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| **S. No** | **Details (Mention Year, Value etc. where relevant)** |
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(Attach documentary proof in support of the information provided by you in this proforma)

**List of Enclosures**: (Please attach, copies of certificates, sanction orders, papers etc. wherever necessary)

1. 6.

2. 7.

3. 8.

4. 9.

5. 10.

I certify that the information provided are correct as per records available with the university and/or documents enclosed with the application.

Date :

Place :

Signature & Designation of the Applicant

Certified that Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has been working as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in this Department since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The particulars given in this application have been checked and verified from office records and are found to be correct.

**Head of the Deptt./ /Centre**

**Director of the Instt./ Dean of the Faculty**