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**Outstanding Faculty**

**(General Information)**

Name of the Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Courses taught: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Academics**

State the Educational Qualification

* 1. Is the faculty a PhD degree holder?

YES NO

* 1. Is the faculty pursuing /registered for PhD from a recognised University? (Since how long?)

YES NO

 If yes, since how long

* 1. State the number of students being guided by the faculty
	2. State the number of years of corporate experience?

Details:

* 1. State the number of years of Academic experience?

 Details:

**SALIENT CRITERIA**

**2. Teaching feedback (to be completed by the institute) on a scale of 5 points (0 to 5)**

1. Teaching

2. Research

3. Outreach

4. Institutional Administration

5. Corporate Experience

6. Contribution in enhancing Industry – Academia Interaction for the Institute

**3. No. of publications in ABDC indexed journals during last 3 years**

Category A\*

 Category A

 Category B

Category C

**4. No. of consultancy projects last 2 years**

|  |  |
| --- | --- |
| Projects  |  |
|  |  |

**5. No. of papers presented in conferences last 2 years**

|  |  |
| --- | --- |
| Papers |  |
|  |  |

**6. No of membership of professional bodies**

Memberships of Professional Bodies

Name of the professional Bodies

1.

2.

3.

4.

5.

**7. Introduction of new electives**

1.

2.

3.

**8. No. of external training program organized last 2 years**

1.

2.

3.

4.

5.

**9. Member of board of studies (bos) in other institutes**

1.

2.

3.

**10. Editor of journal**

1.

2.

3.

4.

5.

**11. No. of books published last 3 years**

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**12. No. of doctoral student guidance**

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**13. No. of master student guidance**

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**14. External research done/completed last 3 years**

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| --- |
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**\_\_\_\_\_\_\_\_\_\_**

**Director Office Stamp**

**Date \_\_\_\_\_\_\_\_\_**

**Place\_\_\_\_\_\_\_\_\_\_**