



Advance Increment Performa for TTS Faculty

Name of Applicant: _____

Applied For: _____

E-mail ID: _____

Phone Number: _____

Department/Center/Institute/College: _____

Tick only one category

Basic Sciences

Social Sciences/Architechure

Engineering/Medical/IT/Medical/Computer Sci.

For official use only:

Parameter wise increment					Total Advance Increment(s) Recommended
Publications	Experience	Funds	Supervision	Market Factor	

Parameters	Filled by applicant			Filled by competent authority			
	Category	Nos.	Supporting documents	Verified Nos.	Minimum qualifying Requirement	For increment	Increment awarded
Publications	W		Annexure A				
	X						
	Y						

Filled by applicant			Filled by competent authority			
Parameters	Years	Supporting documents	Verified (years)	Minimum qualifying Requirement	For increment	Increment awarded
Experience		Annexure B				

Filled by applicant				Filled by competent authority	
Supervision (Students)	Category	Nos.	Supporting documents	Recommended category For increment	Increment awarded
	Ph.D		Annexure C		
	MS/M.Phil				

Filled by applicant				Filled by competent authority		
Funds (Millions)	Project amount	Nos.	Supporting documents	Verified project amount	Recommended category For increment	Increment awarded
	Rs. 2 M - 3 M		Annexure D			
	Rs. 3 M- 4 M					
	Rs. 4 M- 5 M					
	Rs. 5 M- 6 M					
	Rs. 6 M- 8 M					
	> Rs. 8 M					

Signature of applicant: _____ Dated _____

Name of Applicant: _____

Annexure A

List of Publications
(Impact Factor Journal)

Sr. No.	Name of authors and Title	Journal	Impact Factor	Volume & Issue	Page Nos.	Date

Signature of Applicant: _____ Date: _____

Name of Applicant: _____

List of Publications

Local – HEC Recognized Journal

(X category)

Sr. No.	Name of authors and Title	Journal	Volume & Issue	Page Nos.	Date

Signature: _____

Date

Name of Applicant: _____

List of Publications

Local – HEC Recognized Journal

(Y category)

Sr. No.	Name of authors and Title	Journal	Volume & Issue	Page Nos.	Date

Signature: _____

Date

Name of Applicant:

Annexure B

Experience Record

Name of Institution served	Capacity in which served	Dates From : To	Reasons for leaving the service

Signature: _____

Date

Name of Applicant:

Annexure C

List of Ph.D Research Supervision

Sr. No.	Name of candidate and Title of thesis	Notification No.	Date

Signature: _____

Date

Name of Applicant:

List of M.Phil Research Supervision

Sr. No.	Name of candidate and Title of thesis	Notification No.	Date

Signature: _____

Date

Name of Applicant:

Annexure D

List of Research-Grants / Funds

Sr. No.	Type	Title	Organization	Order No.	Duration	Date

Signature: _____ **Date:** _

Market Factor

Name of Applicant:

Annexure E

List of Books Published / Patents/Awards

Sr. No.	Type	Title	Publisher /Organization	ISSBN/ID	Edition/Version	Date

Signature: _____ Date: _____

List of Seminars/Workshops/Symposium/Conferences organized

Sr. No.	Type	Title	Level	Date

Signature: _____ Date: _____

:

List of Seminars/Workshops/Symposium/Conferences Participated

Sr. No.	Type	Title	Level	Date

Signature: _____ **Date:** _____

Name of Applicant:

List of Community/Advisory Services

Sr. No.	Type	Title	Order No.	Duration	Date

Signature: _____ **Date:** _____