**INTERNAL QUALITY ASSURANCE CELL (IQAC)**

**PROFORMA FOR BEST TECHNICAL STAFF OF THE MONTH**

**(LAB INSTRUCTOR/WORKSHOP INSTRUCTOR)**

**Month and year of Application:………………………………………………………………….**

**Name of the Department: …………………………………………………………………………….**

|  |  |
| --- | --- |
| Name of the Staff |  |
| Designation |  |
| Date of Joining |  |
| Subjects handling this semester |  |
| No. of groups handling |  |
| No. of experiments associated |  |
| No. of Instruments given in charge |  |
| Number of days worked/total working days |  |
| Number of days attended without late entry |  |
| Number of days attended without early exit |  |
| Number of hours worked beyond office hours |  |
| **Write up in 100 words why you should be selected for the award (enclose separately)** | |

**Note: Submit evidences for all the data/details as enclosures**

**Signature of the Faculty :………………………………………………Date:……………………………………….**

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**FOR OFFICE USE ONLY**

**Confidential Remarks by the HoD**