BEST **Office Assistant** OF THE UNIVERSITY

|  |  |
| --- | --- |
| NAME OF THE APPLICANT |  |
| EMPLOYEE NO OF THE APPLICANT |  |
| GENDER |  |
| DATE OF BIRTH AND AGE |  |
| ARE YOU A SENIOR CITIZEN |  |
| IF YOU ARE DIFFERENTLY ABLED, HIGHLIGHT THE CATEGORY |  |
| JOINING YEAR OF THE APPLICANT |  |
| DESIGNATION while joining |  |
| Present Designation |  |
| Salary while joining |  |
| Present Salary |  |
| Educational Qualification |  |
| DEPARTMENT |  |
| EMAIL ID |  |
| CONTACT NUMBER |  |

PART A (TO BE FILLED)

|  |  |
| --- | --- |
| Nature of Duty( Office Work, Field work, Workshop, etc) |  |
| Name of the reporting Authority |  |
| How many people working as subordinates/ reporting to you |  |
| Regularity in Attendence |  |
| Punctuality |  |
| Works in corporation with other colleagues |  |
| Participation in meeting, Training and special events | 1...  2...  3... |
| Follows written and oral instructions from Supervisors/ Supervisors |  |
| Demonstrates appropriate Office work knowledge like Filing, Reciept & Despatch, Documentation etc |  |
| Maintains office files and Documents neatly and regularly and systematically. | 1...  2... |
| Capacity to highlight office issues/ drawbacks to concerned authority and follow up with concerned. ( Site incidents of such incidents | 1...  2..... |
| Manages Student Behaviour appropriately | 1.....  2.....  3.... |
| Follows office work schedules appropriately |  |
| Wearing of dress, cleanliness, personal appearance/bearing. |  |
| Professionalism, Do not associate with students in personal matter or with co workers during working time |  |
| Behaviour and mannerism with Students and other staff and colleagues |  |
| No loitering in premises / alcohol drinking in during working hours |  |
| Personal Characteristics that reflect high degree of Integrity, Maturity , Dependability , enthusiasm |  |
| Different types of work undertaken |  |
| List appreciation received from Superior/ Head of Dept | 1.....  2.....  3.... |
| List no of citations received from University Management |  |
| Contribution to your Department |  |
| Contribution to the University |  |
| Personal Attributes   * Strength * Weakness |  |
| Disciplinary Case if any |  |
| SPECIAL QUALITIES (IF ANY) |  |
| Conduct of the Candidate |  |
| OVERALL REMARKS OF THE CANDIDATE |  |

**Declaration**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that the particulars furnished by me in this nomination form are true to the best of my knowledge and belief. In case any information is found to be incorrect, my nomination shall liable to be rejected.

Signature of Candidate Signature of HoD