BEST **Workshop Technician** OF THE UNIVERSITY

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| --- | --- |
| 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, Laboratory 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 Workshop knowledgeSafetyEquipment/Instrument usageDocumentationSystematic handling of experiments/activitySafe handling of workshop Equipment/ appliancesBasic Equipment repair awarenessBasic Calibration awarenessBasic Record keeping and book keeping |  |
| Maintains Workshop Records , files and Documents neatly, regularly and systematically. | 1...2...  |
| Capacity to highlight Workshop issues/ concerns/drawbacks to concerned authority and follow up with concerned. ( Site incidents of such incidents | 1...2..... |
| Manages Student Behaviour appropriately | 1.....2.....3.... |
| Follows Workshop schedules appropriately |  |
| Wearing of PPE/Safety apron/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 / smoking during working hours |  |
| Personal Characteristics that reflect high degree of Integrity, Maturity , Dependability , enthusiasm |  |
| Different types of work undertaken |  |
| Any experience from abroad |  |
| 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 |  |
| SPECIAL QUALITIES (IF ANY) |  |
| 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