



भारतीय
प्रौद्योगिकी
संस्थान
काशी हिन्दू विश्वविद्यालय



INDIAN
INSTITUTE OF
TECHNOLOGY
BANARAS HINDU UNIVERSITY

☎ : (0542) 6702068, 2307004 (Jt.R.); 6702076, 2307005 (Office); FAX: 91-542-2368428; e-mail: administration@itbhu.ac.in

कुलसचिव कार्यालय
(प्रशासन)

Office of the Registrar
(Administration)

Date-08.06.2017

Ref. No. IIT(BHU)/GAD/3(32)/Awards/Gen/ 4846

- All the Deans
The Associate Dean (Academic Affairs)
All the Heads of Departments/Coordinator of Schools
The Coordinators/Incharge of Units/Centers/Offices
All the Professor In-charges
The Chief Councillor, Gymkhana
The Chairman, Institute Works Committee
The Chairman, Senate Library Committee
The Chairman, IIT (BHU)-Cafeteria Committee
The Chairman, Council of Wardens
The Chairman, Web Management & E-mail Services Committee
The Coordinator, GTAC
The Deputy Chief Proctor
All Admin. Wardens/Wardens, IIT(BHU)-Hostels
All the Joint Registrars
The Deputy Registrar (Accounts)
All the Assistant Registrars
P.S. to the Director
P.A. to the Registrar

Indian Institute of Technology (Banaras Hindu University)

Dear Sir/Madam,

On the occasion of Independence Day, the Institute is considering to honour Non-Faculty employees of the Institute.

It is, therefore, requested that the names(s) of such employees working in your Department/Section/Unit from Group-B and Group-C categories of Technical and Ministerial Cadre (one from each category for the two cadres), may kindly be sent confidentially to the undersigned latest by 20.06.2017 in the prescribed format enclosed herewith.

Yours Faithfully,


Assistant Registrar (Admin.) II

Ref. No. IIT(BHU)/GAD/3(32)/Awards/Gen/

Encl.: As above

Copy to the following for information & necessary action:

Date-08.06.2017

1. The Chairman, Web Management & Email Services Committee-
2. P.S. to the Director

Indian Institute of Technology (BHU).

with a request to upload the same on the Institute website.

Assistant Registrar (Admin.) II

**INDIAN INSTITUTE OF TECHNOLOGY
(BANARAS HINDU UNIVERSITY)
VARANASI – 221005**

Nomination for consideration of Award for exemplary services

1. Name (full): Employee No.....
2. Designation:
3. Department:
4. Date of Birth:
5. Date of Appointment :
6. Date of Retirement:
7. Personal assessment
of the employee assessed
by the officer concerned :

Recommending Authority shall give his/her rating overall performance, such as:

- i) Outstanding
- ii) Excellent

8. Mention pointwise contribution to the employee concerned regarding exceptional and sustained commitment to duty and service to the Institute beyond the normal call (Be specific and objective and give particulars as far as possible).

9. Extra curricular activities:
[Certificate of merit in the area of sports, social service, Cultural Activities, Literary Activities and other achievements, if any.]

Sector	Number of activities within the Institute	Number of activities outside the Institute
Sports		
Social Service		
Cultural Activities		
Literary Activities		
Other achievements (Please specify)		

[Assessment for Sl. No. 7, 8 and 9 should necessarily be done on the basis of supporting documents. Copies of supporting documents are required to be enclosed with the nomination form, failing which nomination will be rejected summarily.]

10. Leave taken during last one year (other than casual) EL/HPL/EOL
.....

11. Is there any disciplinary Proceeding pending or contemplated?
.....

12. Are there other responsible persons who know the individual and his/her contribution well and can be contacted for additional/ corroborative information? If so, give the names of two such persons.

Name
Dept./Section

Name
Dept./Section

.....
.....

Date:

SIGNATURE
Head of the Office
With Seal