# The Oxford College of Pharmacy

Application form for promotion under Career Advancement Scheme (CAS) for teachers in all Departments of The Oxford College of Pharmacy (As per UGC Regulations 2018)

Application for promotion from Level         Name:         Department:	to Level	Paste Self- attested Recent Passport Size Photograph
Date of Appointment:     Date of Confirmation:		
Period of Assessment for promotion: From Date of appearing before the last selection commi Total Academic / Research Scores as per Append	ttee (if appeared)	

NOTE: The research scores claimed by the applicant must be based on objectively verifiable criteria, and supported with documentary evidence. Research scores that cannot be verified will not be considered. PLEASE READ THE INSTRUCTIONS FOR EACH CATEGORY CAREFULLY, AND FOLLOW THEM.

# <u>PART – A</u>

## **GENERAL INFORMATION AND ACADEMIC BACKGROUND**

1.	Name (in Block Letters)	:	Divya S Kumar
2.	Category	:	
3.	Father's Name (in Block Letters)	:	
4.	Mother's Name (in Block Letters)	:	
5.	Date of Birth and Age	:	
6.	Gender	:	
7.	Nationality	:	
8.	Category (SC/ST/OBC/General)	:	

9.	Current Designation	:
10.	Current Pay Scale	:
11.	Date of Confirmation of Present Post	:
12.	Position, Stage and Grade Pay applied for	:
13.	Date of Last Promotion	:
14.	Date of Eligibility for Promotion	:
15.	Address for correspondence (with Pin Code)	:
16.	Permanent Address (with Pin Code)	:
17.	Mobile Telephone Number	:
18.	Landline Telephone Number (with code)	:
19.	E-Mail ID	:
20.		:

# 21. ACADEMIC QUALIFICATIONS(Graduation onwards):

Qualifications	College / University	Year of Passing	Marks Obtained /Out of Or CGPA Grade	Class with %
Diploma				
Graduate Degree (UG)				
Post Graduate Degree (PG)				
Ph.D./D.Phil.				
Other Degrees (if any)				

# 22. RECORD OF ACADEMIC SERVICE PRIOR TO JOINING THE OXFORD COLLEGE OF PHARMACY (Please Attach Relevant Certificates of Service Experience)

		tion Nature of appointment (Regular/ Fixed Nature term/ of Temporary/ Duties Ad-hoc/ Part- time)	re Pay- Scale / Dev		Experience		Required	Highest degree		Frai		
Institution	Designation			f   Scale / Pay band and	From	То	Year	Months	minimum qualification for the post	obtained at the time of appointment	Remarks	Encl. No.

## 23.POST-DOCTORAL RESEARCH EXPERIENCE AS RESEARCH SCIENTIST, RESEARCH ASSOCIATE Etc. (in yrs):

# 24.RECORD OF SERVICE IN THE OXFORD COLLEGE OF PHARMACYFROM DATE OF JOINING AS REGULAR TEACHER:

Level D		Pay Scale and AGP	Dura	Exp	erience	Demoche	E LN	
	Designation		From (dd/mm/yyyy)	To (dd/mm/yyyy)	Year	Month	Remarks	Encl. No.
Please clearly	Please clearly specify the period of Leave Without Pay (LWP)							

### **25. TEACHING EXPERIENCE:**

P.G. Classes (in Years):	Period: From	То
U.G. Classes (in Years)	:Period: From	То

D Pharm classes (in Years) :\_\_\_\_\_Period: From\_\_\_\_\_To\_\_\_\_

:

:\_\_\_\_\_

## 26.RESEARCH EXPERIENCE: (excluding Ph.D Duration)

i. Total Number of Years

: Period:From To\_\_\_\_\_

a) Years Spent in M.Pharm

	riod of [.Phil.	Name of Institute/	Research Topic (Dissertation)	Date of Notification of result conferring	Encl. No.
From	То	University		the degree	
	(1)	(2)	(3)	(4)	

:

b) Years Spent in Ph.D.

Perio From	d of Ph.D To	Name of Institute/ University	Research Topic (Dissertation)	Date of Notification of result conferring the degree	Encl. No.
	(1)	(2)	(3)	(4)	

ii. Years of Guiding Ph.D. / M. Pharm.: Ph.D. :M. Pharm.
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iii. Total No. of Papers Published: i.International Journals

- ii. National Journals
- iii. State Level Journals

(Not Abstract but Full paper only)Total

## iv. Total No. of Conferences/Seminars/Workshops Attended and papers presented:

- i. International: Attended \_\_\_\_\_: Attended and Papers Presented\_\_\_\_\_
- ii. National: Attended \_\_\_\_\_: Attended and Papers Presented\_\_\_\_\_
- iii. State Level: Attended \_\_\_\_\_: Attended and Papers Presented\_\_\_\_\_

<b>Total:</b>	Attended:	Attended and Papers Presented:	
27. AWARDS /PRIZES/HONOURS/RI	ECOGNITIONS :		

 1.

 2.

### 28. FIELDS OF SPECIALIZATION IN THE SUBJECT/DISCIPLINE:

## 29. ORIENTATION/REFRESHER COURSE ATTENDED (ONLY UGC RECOGNIZED): (Attach certificates)

SI.	Particulars	Place	Duration		Duration		Duration		Sponsoring	Encl. No.
No			From	То	Agency					
01										
02										
03										

# **30.** ANY OTHER TRAINING PROGRAM/SUMMER SCHOOL / WORKSHOPS/ QIP/ FIP/FDP ETC ATTENDED: (Attach certificates)

SI.	Particulars	Place	Duration		Sponsoring	Encl. No.
No			From	То	Agency	
01						
02						
03						

#### **31. YOUR VISION FOR THE DEPARTMENT:**

## **32. YOUR CONTRIBUTION TO THE DEPARTMENT :**

## 33. FUTURE ACADEMIC DEVELOPMENT PLAN FOR SELF AS WELL AS DEPARTMENT:

## 34. ANY OTHER RELEVANT INFORMATION:

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## PART-B

**BRIEF NOTE**: Based on the teacher's self-assessment, Grading criteria and Scores and or publications. The minimum Grading criteria and scores and or publications required by teachers from this category is different for different levels of promotion. The self- assessment grades, scores and or publications should be based on objectively verifiable records. It shall be finalized by the screening cum evaluation / selection committee. Universities may detail the activities, in case institutional specificities require, adjust the weightage without changing the minimum total scores required.

## (As per UGC Regulations 2018, APPENDIX II, TABLE 1: Assessment Criteria and Methodology for University/College Teachers.)

# A. TEACHING, INVOLVEMENT IN THE OXFORD COLLEGE OF PHARMACY STUDENTS RELATED ACTIVITIES/ RESEARCH ACTIVITIES\*:

					ons on tutor		nd other te	aching r	elated
8	ctivities) (G	live semest	er-wise de		rever necessal	ry)		1	1
				TEACH		-			
Sl. No	Academic Year	Semester	Total Classes Assigned	Number of Classes Taught	Teaching= (Number of Classes Taught / Total Classes Assigned) X 100%	Claimed by the Candidate	Verified by the Committ ee	Remar ks	*Encl No.
	Year 1	Odd Sem.							
	rear r	Even Sem.							
	Veen 2	Odd Sem.							
	Year 2	Even Sem.							
	Veer 2	Odd Sem.							
1	Year 3	Even Sem.							
1	Year 4	Odd Sem.							
	real 4	Even Sem.							
	Year 5	Odd Sem.							
	real 5	Even Sem.							
	Year 6	Odd Sem.							
	i ear o	Even Sem.							
	NVOLVEME RESEARCH A			COLLEGE	OF PHARMA	CYSTUDEN	IS RELATEI	D ACTIV	ITIES /
Sl. No	Academic Year	Semester		Activit		Claimed by the Candidate	Verified by the Committ ee	Remar ks	*Encl No.
1	Year 1	Odd Sem.	Head, Cl		sibilities such as ean/ Director/ etc.				

	1			1	
		b. Examination and evaluation duties assigned by the Department / university or attending the			
		examination paper evaluation. c. Student related co-curricular, extension and field based activities such as student clubs, career counselling, study visits, student seminars and other events, cultural, sports, NCC, NSS and community services.			
		d. Organising seminars/ conferences/ workshops, other Department activities.			
		e. Evidence of actively involved in guiding Ph.D students.			
		f. Conducting minor or major research project sponsored by national or international agencies.			
		g. At least one single or joint publication in peer reviewed or UGC list of Journals.			
		a. Administrative responsibilities such as Head, Chairperson/ Dean/ Director/ Co-ordinator, Warden etc.			
		<ul> <li>Examination and evaluation duties assigned by the Department/ university or attending the examination paper evaluation.</li> </ul>			
	Even Sem.	c. Student related co-curricular, extension and field based activities such as student clubs, career counselling, study visits, student seminars and other events, cultural, sports, NCC, NSS and community services.			
		<ul> <li>d. Organising seminars/ conferences/ workshops, other Departmentactivities.</li> </ul>			
		e. Evidence of actively involved in guiding Ph.D students.			
		<ul> <li>f. Conducting minor or major research project sponsored by national or international agencies.</li> </ul>			
		g. At least one single or joint publication in peer reviewed or UGC list of Journals.			
V 2	Odd Sem.	As above Odd Sem. In Year 1			
Year 2	Even Sem. Odd Sem.	As above Even Sem. In Year 1 As above Odd Sem. In Year 1			
Year 3	Even Sem.	As above Oaa Sem. In Year 1 As above Even Sem. In Year 1			
Year 4	Odd Sem.	As above Odd Sem. In Year 1			
- ••••	Even Sem.	As above Even Sem. In Year 1	 		
Year 5	Odd Sem. Even Sem.	As above Odd Sem. In Year 1 As above Even Sem. In Year 1			
Year 6	Odd Sem.	As above Odd Sem. In Year 1			

1				1	I	
		Even Sem.	As above Even Sem. In Year 1			

\* Should be claimed by the applicant with supporting documents ...

# B. ACADEMIC / RESEARCH SCORE. (As per UGC Regulations 2018) 1. RESEARCH PAPERS IN PEER-REVIEWED OR UGC LISTED JOURNALS:

SI. N o.	Title of the Resear ch Paper	Name of the Journ al	Vol ., PP No. & Yea r	Impa ct Facto r*	Numb er of autho rs	Type of Authorship (First author/correspo nding author/principal/ co-author)	Sr. No. in UGC listed Journ als	Claim ed Score	Verified by the Commit tee	Enc l. No.

\*Impact factor to be determined as per Thomson Reuters list.

## 2. PUBLICATIONS (other than Research papers)

SI.	Title of the	Author	Co-	Name of the	ISBN /	Claimed	Verified	Encl
No.	Book		Author(s)	Publisher,	ISSN	Score	by the	No.
				Month, Year			Committee	
(a)	<b>BOOKS AUTHO</b>	RED WHI	CH ARE PUE	BLISHED BY:				
· /	rnational publis							
	•							
Nati	onal publishers							
Cha	pter in Edited B	ook						
Edit	or of Book by Ir	iternation	al Publisher			•		
Edit	or of Book by N	ational Pu	blisher	1		1		I
	•	-		1				
(b)	TRANSLATION W	VODUCINI						L

CHA	CHAPTER OR RESEARCH PAPER									
BOO	BOOK									

Note: Attach front, index and back pages justifying the claim showing the ISBN/ISSN No.

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# **3.** CREATION OF ICT MEDIATED TEACHING LEARNING PEDAGOGY AND CONTENT AND DEVELOPMENT OF NEW AND INNOVATIVE COURSES AND CURRICULA.

Sr. No.	Activity*	Claimed Score	Verified by the Committe e	Encl. No.
(a) I	DEVELOPMENT OF INNOVATIVE PEDAGOGY		·	
(b) I	DESIGN OF NEW CURRICULA AND COURSES	I	11	
` '	MOOCs		I I	
Dev	elopment of complete MOOCs in 4 quadrants (4 credit course) ( lits 05 marks/credit)	In case o	f MOOCs o	of lesser
MO	OCs (developed in 4 quadrant) per module/lecture	<u> </u>		
Cont	ent writer/subject matter expert for each module of MOOCs (at	least one	quadrant)	
	rse Coordinator for MOOCs (4 credit course)(In case of Moxs/credit)	OOCs of	lesser cre	dits 02
(d) 1	E-CONTENT	I	I	
Deve	lopment of e-Content in 4 quadrants for a complete course/e-boo	k		

e-Conten	t (developed in 4 quadrants) per module			
Contribu quadrant	tion to development of e-content module in complete course/	paper/e-l	oook (at lea	st one
	f e-content for complete course/ paper /e-book	•		
Editor o	re content for complete course, puper /e book			
Editor o				

\* Each activity should be claimed by the applicant with supporting documents.

## 4. (a) RESEARCH GUIDANCE - Ph.D. awarded / Thesis submitted\*

Sl. No.	Name of the Scholar	Title of the Thesis	Awarded / Thesis submitted	University	Month and Year	Claimed Score	Verified by the Committee	Encl. No.

\* Submit Ph.D. Notification/Certificate of Submission

## M.Pharm awarded\*

SI. No.	Name of the Scholar	Title of the Dissertation/Thesis	M.Phil. / P.G.	University	Month and Year	Claimed Score	Verified by the Committee	Encl. No.

\* Submit M.Pharm./Certificate of awarded

## (b) RESEARCH PROJECTS COMPLETED

Sl. No.	Title of the Project (More than 10	Names of PI	Funding Agency	Grant Sanctioned	Dura	tion		Verified by the	Encl. No.
110.	lakhs)	and co-PI	rigency	Sunctioned			Claimed	Committee	110.
					From	То	Score		
Sl. No.	Title of the Project (Less than 10		Funding Agency	Grant Sanctioned	Dura	tion	Claimed	Verified by the	Encl. No.
	lakhs)				From	То	Score	Committee	

## (c) RESEARCH PROJECTS ONGOING:

Sl. No.	Title of the Project (More than 10 lakhs)	Names of PI and co-PI	Funding Agency	Grant Sanctioned	Duration		Claimed Score	Verified by the Committee	Encl. No.
					From	То			
Sl. No.	Title of the Project		Funding Agency	Grant Sanctioned	Dura	tion	Claimed	Verified by the Committee	Encl. No.
	(Less than 10 lakhs)		5		From	То	Score		

## (d) CONSULTANCY

Sl. No.	Title and Nature of the Project	Agency to it is offered	Grant Component	Duration		Claimed b Score C		Encl. No.
				From	То		Committee	

## 5. (a) PATENTS

Sl. No.	Details of Patent	International/ National	Year	Claimed Score	Verified by the Committee	Encl. No.

## (b) Awards/Fellowship

Sr. No.	Name of the Award / Fellowship	Awarding Institute/ Organization	International/ National /	Date Awarded	Claimed Score	Verified by the Committee	Encl. No.

6. \*INVITED LECTURES / RESOURCE PERSON/ PAPER PRESENTATION IN SEMINARS/ CONFERENCES/FULL PAPER IN CONFERENCE PROCEEDINGS (Paper presented in Seminars/Conferences and also published as full paper in Conference Proceedings will be counted only once)

Sr. No	Title	Name of the Event	Invited/Or al/Poster	Organiser/ Institute	Duration	International(Ab road)/Internation al(within country) / National / State / University level	Claime d Score	Verifie d by the Comm ittee	Encl · No.

#### NOTE:

- Paper presented if part of edited book or proceeding then it can be claimed only once.
- For joint supervision of research students, the formula shall be 70% of the total score for Supervisor and Co-supervisor. Supervisor and Co-supervisor, both shall get 7 marks each.
- \*For the purpose of calculating research score of the teacher, the combined research score from the categories of 5(b). Policy Document and 6. Invited lectures/Resource Person/Paper presentation shall have an upper capping of thirty percent of the total research score of the teacher concerned.
- The research score shall be from the minimum of three categories out of six categories.

### **APPLICANT CLAIMED SCORE:**

Summary of Total Claimed Score (1+2+3+4+5+6)							
Assessment Period from to							
Year	Claimed Score				Total		
Entire Assessment Period	1	2	3	4	5	6	Claimed Score
from to							
Total Claimed Score							

#### **VERIFIED BY THE COMMITTEE:**

Summary of Total Claimed Score (1+2+3+4+5+6)							
Assessment Period from			_ to				
Year Claimed Score					Total		
Entire Assessment Period	1	2	3	4	5	6	Claimed Score
fromto							
Total Claimed Score							

### **Declaration**

I, \_\_\_\_\_\_ hereby solemnly certify that the information provided in this application form is true and correct to the best of my knowledge and belief.

Signat	ure of the applican	t
Design	ation	

#### Forwarded by:

Place: Date:

#### Head of the Department

Department of .....

School of .....

Dean