



APPLICATION FOR THE BEST TEACHER AWARD

(Note: All details should be entered in capital letters only)

1. Name : _____
2. Date of Birth : _____
3. Gender : _____

Affix
here a
Passport size
Photograph

4. Contact Information

Official Address : _____ Residential Address : _____

Mobile No. : _____ e-mail : _____

5. Research Area

Subject : _____
Field of Specialization : _____

6. Educational Qualifications (10th Std onwards)

Sl. No	Degree / Examination Passed	Subject / Specialization	Board / University/Institute	Percentage / Class / Grade	Month & Year of Passing

7. Whether qualified UGC/CSIR-NET/JR For SET (if any details):

Subject : _____
Regn.No : _____ Year of passing : _____ / _____

8. Teaching Experience(Service start with most recent) :

Sl. No	Institute/University	Designation	Period		Length of Service	Classes handled PG/UG/Both	Permanent/Contract/Temporary/Consolidated
			From	To			

9. List of Publications(Year wise):

Sl. No	Author(s)/Editors(s)	Book/Chapter	Title of the Book/Chapter	Publishers	ISBN/ISSN	Year of Publication

10. Articles Publication*:

Sl. No	Author(s)	Title of Publication	Name of the Journal with volume & Page nos.	Name of the publisher ISSN / ISBN	Date of publication	Impact factor	First/Corresponding Author

11. Seminars / Workshops / Conference conducted

Sl. No	Details	National (in nos.)	International (in nos.)
1	Plenary lecture		
2	Invited talk		
3	Oral presentation		
4	Poster presentation		
5	Participation only		

Title of the lecture / talk / paper, details of the organizers should be attached as a separate sheet and presentation should be relevant to your research specialization. Proof to be attached*

12. Details of Abroad visit* :

Sl. No	Country visited	Purpose of visit	Period of visit	Sponsors/ Funding Agencies

13. Details of Awards/Honors:

Sl. No	Details of Awards/ Honors	State/National/International	Name of the Agency/ Body instituted the Award	Year of Award

* Proof to be attached

14. Details of courses taught and pass% of students for the last five academic years:

Sl. No	Month & Year of Exam	Course	No. of Students Registered	No. of Students Passed	Pass%

15. Details of students qualified UGC/CSIR-NET/JRF/GATE/SET*:

Sl. No	Name of the Student	Reg.No. (Thiruvalluvar University)	Examination Qualified	Month & Year of Passing

16. Administrative Experience :

Sl. No	PostHeld	Organization	Nature of Responsibility	Duration

17. Membership in Academic bodies:

Sl. No	Name	Institution	Period

18. Have you been a member of Board of Studies?If so give details:

- a)
- b)
- c)
- d)

19. Details of placement of students under your guidance:

- a)
- b)
- c)
- d)

20. Use of IC Tinteaching*:

* Proof to be attached

21. Initiatives to improve learning outcomes*:

- a)
- b)
- c)
- d)

22. Innovative experiments under taken :

- a)
- b)
- c)
- d)

23. Contribution towards institutional development activities :

- a)
- b)
- c)
- d)

24. Organization of extra and co-curricular activities to students:

- a)
- b)
- c)
- d)

25. Use of Teaching Learning Material :

- a)
- b)
- c)
- d)

26. Uniqueness in your Teaching Methodology :

- a)
- b)
- c)
- d)

27. Student Feedback* *(This will be added by the HOD/Principal collected at the end of the every semester):*

- a)
- b)
- c)
- d)

28. Any other details in support of your application :

29. Disciplinary action, if any :

DECLARATION

I hereby declare that the information furnished in the application is true to the best of my knowledge

Date:

Recommendations of the Head of the Department

Signature of the Applicant

Signature of the Principal / Registrar with seal

Note: Supporting documents have to be enclosed for item in the same order.