******

**Policy No: BUORIC-P16**

**Form No: BUORIC-F16**

**DISTINGUISHED TEACHING AWARD**

(Evaluation/Nomination Proforma)

**PART-A: BACK GROUND INFORMATION AND QUALIFICATION**

* 1. Name of Teacher: ...............................................................................................................
  2. Father’s Name: ...................................................................................................................
  3. Date of Birth: ……………………………………N.I.C. No. ...................................................
  4. Dept./Institute/College: ........................................................................................................
  5. Present Position: ..................................................................................................................
  6. Date of Joining service at BU: ……………………………………………………………...………
  7. Period of study leave availed during last 2 years: (From………………to……………………)
  8. Official tour or any other gap during last 2 years: (From………………to…………………….)
  9. Phone No. …….……………Cell No………………...........E-mail ...........................................

**Note: Page number of documentary proofs must be mentioned in the relevant column.**

**B. APPLICATION CRITERIA**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **i.** | **TEACHING** | **WEIGHTAGE** | **70%** | | |
| **a.** | **STUDENT EVALUATION** | **10 %** | | | |
|  | **Performance Indicator** | Maximum Marks | Marks Secured | Proof attached at Page No. | |
|  | Evaluation by Students | 10 |  |  | |
|  |  | **10** |  |  | |
| **b.** | **Evaluation by HoD in Annual Performance Evaluation** | **25 %** | | | |
|  | Performance Management Report | Maximum Marks  (25) | Marks Secured | | Proof attached at Page No. |
|  |  | **25** |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **c.** | **Innovation Pedagogical Approaches Adopted** | **10%** | | |
|  | Class Lectures/Presentations to be submitted as proof | Maximum Marks  (10) | Marks Secured | Proof attached at Page No. |
|  |  | **10** |  |  |
| **d.** | **Contribution in developing/enhancing curricula in last 2 years** | **10%** | | |
|  | 2 marks for each Curriculum Improvement Proposal/Propositions submitted in FBOS/Academic Council | Maximum Marks  (10) | Marks Secured | Proof attached at Page No. |
|  |  | **10** |  |  |
| **e.** | **Supervision of Final Year Project/Thesis** | **5%** | | |
|  | 1 mark for each thesis/FYP supervised | Maximum Marks  (5) | Marks Secured | Proof attached at Page No. |
|  |  | **5** |  |  |
| **f.** | **Course Folder Management** | **5%** | | |
|  |  | Maximum Marks  (5) | Marks Secured | Proof attached at Page No. |
|  |  | **5** |  |  |
| **g.** | **Publications, Case Studies & Contemporary Applied Technologies used in Teaching** | **5%** | Marks Secured | Proof attached at Page No. |
|  | 1 mark for each case study/research paper utilized | Maximum Marks  (5) |  |  |
|  |  | **5** |  |  |
| **Total Marks (Teaching)** | | **70** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ii.** | **OTHERS** | **WEIGHTAGE** | | **30%** | |
|  | **Performance Indicator** | **Detail** | **Maximum Marks** | **Marks Secured** | **Proof attached at Page No.** |
| **a** | Professional Development relevant to Teaching | 01 mark for each workshop/training/conference attended | **05** |  |  |
| **b** | Professional Recognition by National/International Organizations | 01 mark for each recognition | **03** |  |  |
| **c** | Number of Guest Speakers invited from the industry | 01 mark for each guest speaker session | **05** |  |  |
| **d** | Number of Tangible Industrial Linkages established | 01 mark for each industrial linkage established | **05** |  |  |
| **e** | Consultancy Services provided by the industry | 01 mark for each consultancy service provided to industry | **05** |  |  |
| **f** | Organizing Trainings and Workshops | 01 mark for each training and workshop organized | **05** |  |  |
| **g** | Community Services Rendered | 01 mark for each service rendered to the relevant community | **02** |  |  |
| **Total marks (others)** | | | **30** |  |  |
| **Total Marks (Overall)** | | | **100** |  |  |

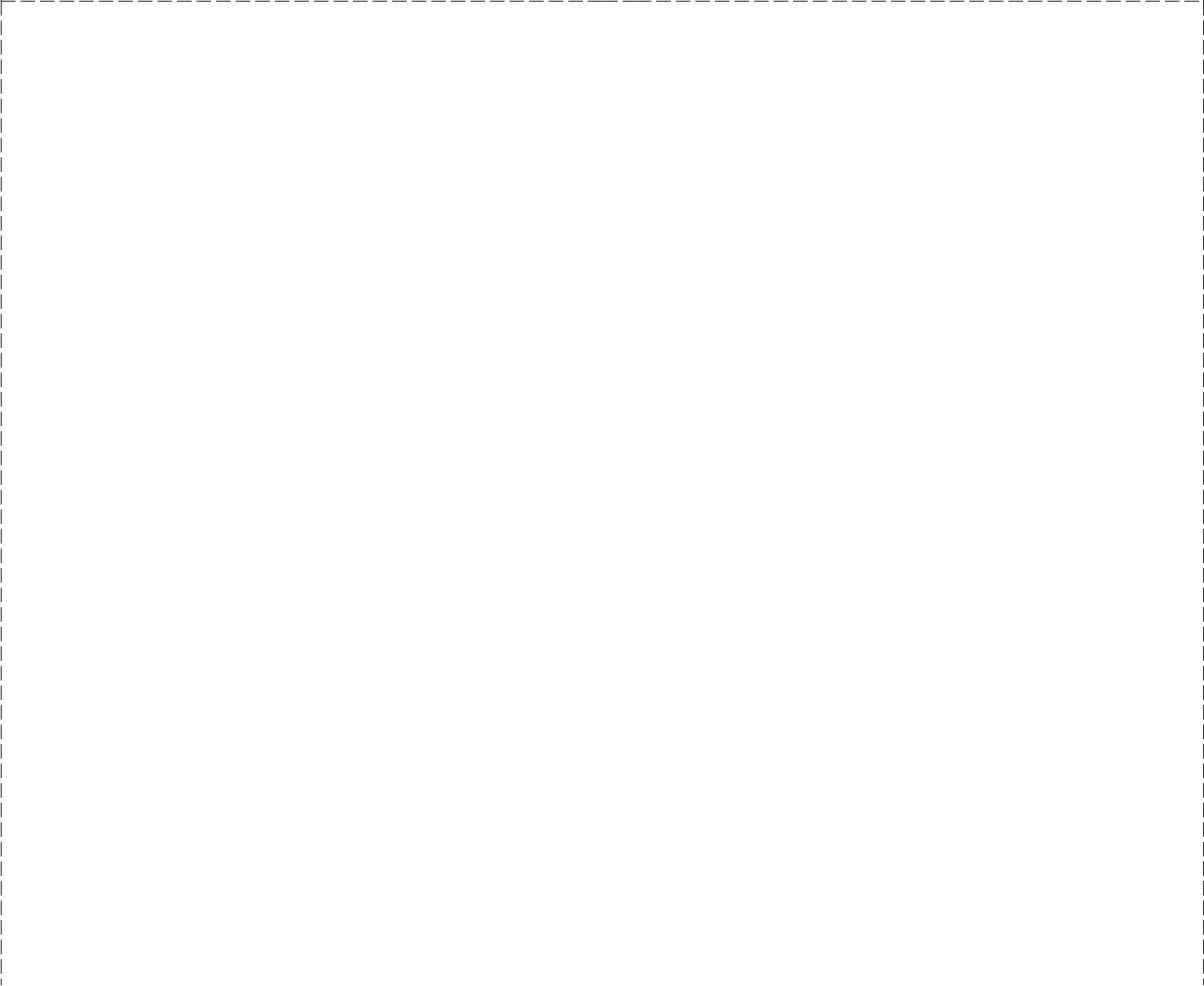
|  |  |  |  |
| --- | --- | --- | --- |
| **Documentary Proof Checklist** | | | |
| **Key Performance Indicator** | | | **Page No** |
| **i.** | **Teaching** | | |
| **A** | Student Evaluation | |
| **B** | Evaluation by HoD-Copy of Performance Management Report |  |
| **C** | Pedagogical Approaches- Copy of Class Lectures/Presentations |  |
| **D** | Copy of Curriculum Improvement Proposal/Propositions submitted in FBOS/Academic Council |  |
| **ii.** | **Research** | | |
| **A** | Copy of Case Study/Research Paper/ Publications Utilized in Teaching |  |
| **B** | Copy of list of students being supervised |  |
| **C** | Copy of Impact Factor/HEC Recognized Publications in last 1 year. |  |
| **iii.** | **Others** | | |
| **A** | Copy of post event report related to Workshop/training/conference attended during last 1 year |  |
| **B** | Copy of Professional Recognition Letter by National/International Organizations |  |
| **C** | Copy of Invitation/Organization Letter for arrangement of event(s) in which Guest Speakers invited |  |
| **D** | Copy of Industrial Linkages Letter, Notification etc |  |
| **E** | Copy of Letter & Certificate for organizing Seminars, Training and Workshops |  |
|  | **F** | Copy of Letter & Certificate of Consultancy and Community Services provided/rendered |  |

|  |  |
| --- | --- |
| **RECOMMENDATION(S) BY THE HEAD OF DEPARTMENT** | |
| ***Comments (if any):***  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**CERTIFICATE**

It is certified that the nominee have 2 years consecutive/active service at Bahria University as well as fulfilling all other criteria set for Distinguished Teacher Award. All relevant documents of the nominee have been checked and examined by the members of the Committee and recommendation has been made keeping in view the Terms & Conditions and criteria set by BU. It is also certified that the nominated teachers are not involved in any disciplinary as well as plagiarism case. The supporting documents are attached with this proforma and page No (s) of documentary evidences marked in the relevant column.

**MEMBERS OF THE COMMITTEE**



(1) (2)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) 4)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Countersigned & Stamp

Principal/Director General