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POORNIMA GROUP

Achieving Excellence Together

E16

FORMAT FOR RECOMMENDING TA/FACULTY MEMBERS COMPLETING HIGHER DEGREE DURING STAY IN POORNIMA GROUP

Date _____

Name: _____ Employee ID: _____ Designation: _____

Department: _____ Institute: _____

Detail of Qualifications improved :

Name of degree acquired	Name of degree awarding Institution / University	Date of degree	% age / Grade awarded

Note : Please attach attested copies of documents in support of the improved qualification put up by faculty/staff member along with his/her request on plain paper for consideration of management.

All entries are to be filled by HOD/Dean after obtaining feedback from different sources.

Details of Feedback :

Signature of Applicant

S. No.	Area	Area specific recommendation as per feedback	Grade (5 -Very Good, 4-Good, 3-Average, 2-Below Average, 1-Poor)
1.	Department feedback		
2.	Student feedback		
3.	Regularity & punctuality		
4.	Behaviour pattern		
5.	Effectiveness for branding		
6.	HOD / Dean Feedback with Sig.		

Overall recommendation of Campus Director

Signature of Campus Director	Mention overall Grade in box below on the basis of above feedback 5 -Very Good, 4-Good, 3-Average, 2-Below Average, 1-Poor
	<input type="text"/>
Signature of Campus Director	