



**RAJENDRA INSTITUTE OF MEDICAL SCIENCES**  
**(An Autonomous Institute under Govt. of Jharkhand)**  
**Ranchi-834009 (Jharkhand)**  
Phone:- 0651-2541533, Fax:- 0651-2540629,  
Email – [rimsranchi@rediffmail.com](mailto:rimsranchi@rediffmail.com)

**PART I (To be filled in by the applicant)**

**Application form for consideration for promotion under APS to the grade of**

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1. Name in block letters: -

Dr.																			

2. (a) Department :-


(b) Present Designation :-

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(d) Date of Joining Institute/Date of last Promotion:

(e) Assessment Period:

(f) Applied for Promotion to:

(Mention Designation)

(g) Whether on Probation: Yes/No

3. Date of birth:

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4. Detail of Research work and published material during the assessment period, if any, mention the details and enclose reprint thereof:

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5. Employment details at RIMS (starting from Assistant Professor only) :

Designation	From	To	Details of Extraordinary leave without pay during assessment period , if any

6. Publication and Research Work (Give number only) (during the assessment period for the present promotion)

	Published	Accepted for publication / Under publication	1 <sup>st</sup> Author / Communicating author / Author at other position

1. Research Papers (a) Pubmed Indexed Journals (b) Non-Pubmed Indexed Journals			
2. Books (a) Text Books (b) Edited Books (c) Educational Books			
3. Chapter in books			

7. Research Projects as Principal Investigator and Co Principal Investigator:

<b>Title of Research</b>	<b>Source of Funding</b>	<b>Year</b>	<b>Total amount</b>	<b>PI / Co PI</b>

8. Awards, fellowships and membership of professional bodies:

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09. Membership of Editorial boards of indexed international journals/Review Committees at National bodies and Institutions:

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10. Service: [Contributions made towards the development of unit/specialty/laboratory/facility/programs/therapeutic or diagnostic procedures developed or patents taken (enclosed evidence)]:

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11. Contributions in community & national programmes:

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**12. CLINICAL LOAD:**

Furnish hours per week/ year spent by you in:

- a) Patient care in outpatient service:
- b) Patient care in inpatient service: -
- c) Patient care in special clinics (name the clinic)-
- d) In operation theatre:-
- e) In the case of non-clinical service departments (Pathology, Microbiology, Pharmacology, etc.  
indicate work-load you carry per year:

**13. TEACHING: (For the whole year)**

**UNDERGRADUATE**

- a. No. of lectures / seminar allotted to you-
- b. No. of lectures/ seminars taken by you
- c. Hours per week spent in clinical teaching, demonstrations / tutorials -

**POSTGRADUATE**

- a. Hours per week spent in clinical teaching, seminars, conference, journal Club etc. –
- b. No. of postgraduate students writing, these under you as a chief or as a co-supervisor-
- c. No. of postgraduate students working in your unit/department of professional training.

14. Administrative duties and other contribution made towards the Institute outside the scope of normal duties such as work on faculty, committees, organization of seminars, symposia, special lecture, looking after the department stores

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(For all academic personal of and above the Grade of Lecturer and equivalent grade i.e. Lecture /Assistant Professor, Associate Professor/Reader, Additional Professor and Professors)

Subject : Undertaking with regard to promotion under Assessment Promotion Scheme (APS) at the RIMS, Ranchi

I, Dr. \_\_\_\_\_ hereby give undertaking that I have not availed any Extra Ordinary Leave With-out Pay (EOL) (with-out Medical Certificate) during my assessment period w.e.f. \_\_\_\_\_ to \_\_\_\_\_ for purpose of APS. I undertake that any information furnished herein is found to be incorrect or false, I shall be liable for action as per rules in force.

Signature:

Name:

Designation:

Department:

Dated:

**PART-II**

**(To be field in by the Reporting Officer)**

Reporting Officer's  
name.....

Designation:.....

Length of service put in by the officer being reported or under the Reporting Officer.

From: .....to.....

(Record remarks in respect of only such qualifications of which you have first-hand knowledge. Please be precise and brief. Each statement is to be commented on separately).

**I. INTEREST**

**II. RESEARCH ABILITY:**

- i. Interest in research.
- ii. Theoretical ability and the capacity to interpret data.
- iii. Experimental and Practical ability.
- iv. Originality, Capacity to produce new and good ideas.

**III. TEACHING ABILITY:**

- i. Interest in Teaching.
- ii. Power of expression, Ability to express himself clearly and concisely.
- iii. Effectiveness, as a teacher/as judged by peer rating/students rating.
- iv. Knowledge of current advances in his/her subject.
- v. Popularity with the students.

**IV. PROFESSIONAL COMPETETENCE.**






Signature of Reporting Officer:.....

Designation:.....

Date:.....

**NOTES FOR GUIDANCE OF REPORTING OFFICER:-**

1. The preparation of reliable reports on the staff is an exceedingly important duty. In fairness to the staff reported on, as in the interest of the smooth and efficient working of the Department and the Institute, reports should be carefully and critically made. Reporting Officer should not discuss his assessment with anyone, except the Reviewing Officer, if he requires you to do so.
2. Concentrate on one factor at a time and study the implications of each factor carefully. Do not feel obliged to mark under every heading, as some of the headings may be inapplicable. Do not attempt to guess any quality, which you have not been able to judge at first hand. In such cases, make no marking at all.
3. Do not be afraid of giving low markings if they are called for. No one can be equally good in every way and some low marking may be justified even for the most brilliant.
4. Markings should not take account of age.
5. Do not allow any personal feelings to govern the assessment. The assessment requires the appraisal of an officer in terms of his ACTUAL PERFORMANCE.

**PART-III**

**I. REPORT BY REVIEWING OFFICER:**

1. Do you agree with the officer's own account as recorded in this report.
2. Do you agree with the observations of the Reporting Officer ?
3. Do you agree with the reporting officer's overall assessment of the officer reported upon/Column VI of the Part II.
4. Assessment of Integrity.
5. Has the officer been informed of any markings below.  
    'Normal' with which you agree? If he/she has not been, please state why?
6. General remarks by reviewing officer, including a note of any particular achievement.

Signature of Reviewing Officer:.....

Designation:.....

Date:.....

**Note :** The Reviewing Officer should normally discuss the adverse markings which are below "normal" with the Reporting Officer and should make suggestions for improvement, to the reporting officer and, if necessary with the officer reported upon and therefore, record his remarks against Column 5 and 6 above.

**Remarks of the Accepting Authority**

**Signatures of Accepting Authority.....**

**Date.....**

**Designation.....**