**Application for Consistent Performance Award**

**for the Year 2024**

(Teachers should submit the information in the following format. The same should be submitted through the Head of the Department and through Dean/Director/Principal of the College/Institute. Enclosed Xerox, self-attested copies of supporting documents, latest photographs, etc.) Candidate must serve at Dr. D. Y. Patil Vidyapeeth continuously for more than 5 years.

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **General Information** | **:** |  |
| a. | Full Name | : |  |
| b. | Residential Address  | : |  |
|  | Contact details |  |  |
|  | Telephone (R) |  |  |
|  | Mobile |  |  |
|  | E-mail |  |  |
| c. | Office Address | : |  |
|  | Name of the College/Institute | : |  |
|  | Department | : |  |
|  | Designation | : |  |
|  | Telephone (office) with extension | : |  |
| d. | Date of Birth | : |  |
| e. | Area of Specialization  | : |  |
| **2.** | **Academic Qualifications**(Attach documentary proof) | **:** |  |
|  | UG | : |  |
|  | PG | : |  |
|  | Other | : |  |
| **3.** | **Complete details of Publications**(Attach documentary proof & list during **2019 to 2023**, last five years)(Indexed in Scopus, Pubmed & Web of Science) | **:** |  |
| **4.** | **Quality of Publication*** **Number of Publication according to Quartile of Journal**

**Highest Impact factor publication** | **:** | Q1 : 4 Q2 : 3Q3 : 2Q4 : 1IF > 15IF 10 – 15 IF 5 – 10 IF < 5 |
| **5.** | **Extra-mural Research Grant received** 1. **International**
2. **National**
 | **:** | **Sanctioned Received Utilized** |
| **6.** | **Citation index as per Scopus & Web of Science** **During last five year****(2019 to 2023)** |  |  |
| **7.** | **Significant Relevance of the research work carried out during last five year** (**2019 to 2023**) **as reflected in the publications with principal findings**(Attach write-up in 500 words) |  |  |
| **8.** | **Patents (2019 – 2023)** **Published -** **Granted –** **Technology Transfer / start-up****(Attach registration copy as proof)** | **:** |  |
| **9.** | **Any other Significant relevant information** | **:** |  |

Date: (Signature of the Faculty)

Date: (Signature and Seal of the

Head of the Department)

Date: (Signature and Seal of the

Dean / Director / Principal of the College/Institute