## **FORM-4**

## HUMAN RESOURCE DEVELOPMENT GROUP, CSIR CSIR Complex, Library Avenue, Pusa, New Delhi-110 012. SENIOR RESEARCH ASSOCIATESHIP (SCIENTISTS' POOL SCHEME)

## ANNUAL CONFIDENTIAL REPORT ON THE PERFORMANCE OF SENIOR RESEARCH ASSOCIATE (TO BE FILLED IN BY THE HEAD OF THE DEPARTMENT)

| 1.   | SRA (Pool) No.   |  |  |  |
|------|--|--|--|--|
| 2.   | Name of the SRA  |  |  |  |
| 3.   | Organization to which attached   |  |  |  |
| 4.   | Date of Joining  |  |  |  |
| 5.   | Date of Joining Date upto which position is tenable  |  |  |  |
| 6.   | Period covered by the report   |  |  |  |
|      | Fromto   |  |  |  |
| 7.   | Type(s) of work done indicating number of hours per weeks in each:  (a) Research(b) Teaching  (c) Design/Development(d) Clinical work  |  |  |  |
|      | (c) Design/Development (d) Chinical Work (e)   |  |  |  |
|      | (e) Any other work (Please specify)  |  |  |  |
|      | Does the Senior Research Associate have as much work load as that of a person of similar rank in your organization? Yes/No   |  |  |  |
| 9. I | Please describe briefly the contribution made by the Senior Research Associate  (a) in research work   |  |  |  |
|      | (b) in any other work (Please specify)   |  |  |  |
|      |  |  |  |  |
| 10.  | 'Is the work undertaken by the Senior Research Associate of any applied importance, and if so, whether patent has been/can be taken? If yes, whether CSIR has been approached? |  |  |  |
| 11.  | Qualitative assessment (Please use the following grading)  |  |  |  |
|      | Suggested grading in order: Outstanding, Excellent, Very Good, Good, Average, And Poor.  |  |  |  |
|      | (a) Character & integrity  |  |  |  |
|      | (b) Intellectual caliber   |  |  |  |
|      |  |  |  |  |
|      | (d) Professional ability   |  |  |  |
|      | (c) Originality (d) Professional ability (e) Sense of responsibility (f) Other qualities like leadership, capacity for team work, etc.   |  |  |  |
|      | (f) Other qualities like leadership, capacity for team work, etc.  |  |  |  |
|      | (g) On overall basis   |  |  |  |

12. Suggestions for better utilization of the Senior Research Associate:

|             | Please  | fill in the following items:   |  |
|-------------|---|--|--|
| (a)         | How   | can the present utilization be improved?                               |  |
| (b)         | Would you like the Senior Research Associate to continue (Yes/No)               |  |  |
| (c)         |   |  |  |
| (d)         | •   | ld you like the Senior Research Associate to be transferred to         |  |
| ` /         |   | e other organization? If so, can you please suggest any suitable       |  |
|             |   | nization and the reason thereof?                                       |  |
| 13.         |   | the Senior Research Associate been offered any regular position in     |  |
|             |   | organization or outside? If yes, please indicate the post and starting |  |
|             | pay   | organization of outside. If yes, preuse marcute the post and starting  |  |
| 14.         |   | ere any possibility of the Senior Research Associate getting a regular |  |
| 17.         | position in your institution in near future? If yes, please give details of the |  |  |
|             |   | grade and starting salary  |  |
|             | posi,   | grade and starting salary  |  |
| 15.         |   | the Senior Research Associate engaged in any kind of private           |  |
| 13.         |   |  |  |
|             | Pract   | tice? If yes, please give detail                                       |  |
| 16.         | Hac th  | ne Senior Associate registered himself/herself for any degree,         |  |
| 10.         |   | na or certificate course? If yes, please give details:                 |  |
|             | uipioi  | na of certificate course? If yes, prease give details.                 |  |
| 17.         | In case   | e the Senior Research Associate has left, please indicate:             |  |
| 17.         | (a)   | the data of leaving  |  |
|             | (a)<br>(b)  | <u> </u>   |  |
|             | ` '   |  |  |
|             | (c)   | Present address, if known  |  |
|             |   |  |  |
|             |   |  |  |
|             |   | Signature of the Head of the Department                                |  |
| Date: _     |   | Signature of the freud of the Department                               |  |
|             |   | <del>_</del>   |  |
|             |   | Name in BLOCK LETTERS  |  |
|             |   | Designation  |  |
|             |   | Official Seal  |  |
|             |   |  |  |
| Remark      | re of the   | Head of the Organization   |  |
| IXCIII AI N | is of the   | ricad of the Organization  |  |
|             |   | Signature  |  |
|             |   | Digitature   |  |
|             |   |  |  |
|             |   | Name in BLOCK LETTERS  |  |
| Date:       |   | Designation  |  |
|             |   | Official seal  |  |