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| SACRED HEART COLLEGE (AUTONOMOUS) THEVARA, KOCHI, KERALA | **Sacred Heart College** **(Autonomous)****Thevara, Kochi – 682 013****Ph: 0484-2870577 E-mail:** **iqac@shcollege.ac.in**[**www.shcollege.ac.in**](http://www.shcollege.ac.in) |
| **Heartian ‘Guru Shreshta’ Award for Outstanding College Teacher** |
| **NOMINATION****1. General information** |
| Name of the Teacher(*in block letters*) |  |
| Department |  |
| College |  |
| Gender, Marital Status |  |
| Age and Date of Birth |  |
| Native Place |  |
| Office Address |  |
| Address for Correspondence |  |
| Mobile / Whatsapp Number |  |
| E-mail |  |
| **2. Educational qualifications** |
| **Sl. No.** | **Name of the Course** | **Board / University** | **Subject** | **Year of Passing** |
| 1. 1
 | SSLC or equivalent |  |  |  |
| 1. 2
 | HSE or equivalent |  |  |  |
| 1. 3
 | Bachelor’s Degree |  |  |  |
| 1. 4
 | Master’s Degree |  |  |  |
| 1. 5
 | M.Phil. |  |  |  |
| 1. 6
 | Ph.D. |  |  |  |
| 1. 7
 | Post Doctoral |  |  |  |
| 1. 8
 | …………………… |  |  |  |
| 1. 9
 | …………………… |  |  |  |
| 1. 10
 | …………………… |  |  |  |

**3. Teaching experience**

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| Date of entry into permanent service |  |
| Date of retirement |  |
| Total teaching experience in years/months |  |
| *Sl. No.* | *Names of the College**(including temporary and guest lecture period)* | *Period of Service* |
| 1. 2
 |  |  |
| 1. 3
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| 1. 4
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| 1. 5
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| **Provide your responses in separate sheets for Sl. Nos. 4, 5, 6, 7, 9, 10, 12, 13, 14, 15 and 16. Responses may be limited to maximum 500 words**. |
| 4. Innovative methods adopted in teaching.5. Updation of knowledge and methodology of preparation of classes. Mention library membership and details of last read books.6. Special programmes conducted for advanced and slow learners.7. Creation of e-contents and MOOC courses *(Give separate list with URL)*. |
| 8. Research and Consultancy. |
| Year of Award of Ph.D. |  |
| No. of Publications  |  |
| No. of Patents awarded |  |
| No. of papers presented in Conferences, Seminars, Workshops and Symposia |  |
| Year of Award of Research Guideship |  |
| No. of Ph.D’.s produced |  |
| No. of Ph.D. students currently registered |  |
| No. of Major Research Projects awarded/completed |  |
| No. of Minor Research Projects awarded/completed |  |
| Total amount of research grant awarded  |  |
| Area of Consultancy |  |
| Income generated by consultancy during the last five years |  |
| *Please provide the detailed list and supporting documents as annexures for all the above claims* |

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| **9. Awards and Recognitions** |
| Number of Awards won | International:National :State : |
| Number of Plenary or Invited Lectures in Seminars, Conferences and Symposia | International:National :State : |
| Number of Chairmanships in Seminars, Conferences and Symposia | International:National :State : |
| Membership in editorial boards / Reviewer of academic journals |  |
| *Please provide the detailed list and supporting documents as annexures for all the above claims* |
| 10. Administrative responsibilities rendered (attach proof) |
| 11. Details of your significant contributions in the institution in any of the administrative / academic areas. |
| 12. Organization of training programmes/ workshops/ conferences/ seminars. |
| 13. Memberships in professional bodies & organizations. |
| 14. Details of popular articles in newspapers or magazines. |
| 15. Details of community outreach and extension activities. |
| 16. Description of personal vision and mission of teaching and its accomplishments. |
| 17. Any other relevant information. |
| ***Please Note*:*** **Separate sheets can be used for providing any additional information.**
* **Supporting documents should be annexed for all your claims.**
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| **SELF DECLARATION** |
| I certify that all the information provided and claims are true and correct. Date : Signature:Place: Name : |

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| **NOMINATION** (*If nominated by institution or colleagues*) |
| I nominate …………………………………………… and certify that all the information provided and claims are true to the best of my knowledge. Date : Signature:Place: Name of the Nominator: |

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| **RECOMMENDATION OF THE PRINCIPAL** |
| Date: Signature:Place: College Seal Name : |

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| ***Please send the duly filled nomination forms to:*****Fr. Dr. Joseph Kusumalayam CMI**Convener, Heartian Guru Shreshta Award CommitteeSacred Heart CollegeThevara, Kochi – 682 013***The last date for accepting the nomination form is 10 January 2024.*** |