**SPONSORED RESEARCH & INDUSTRIAL CONSULTANCY**

**INDIAN INSTITUTE OF TECHNOLOGY, KHARAGPUR**

**FORM FOR YEARLY / HALF – YEARLY ASSESSMENT OF PROJECT STAFF**

1. Name of the Project and Sponsoring Agency :

2. Project Code : 3. PDC :

4. Name of Principal Investigator :

& Department/Centre/School

5.a) Name of the Project Staff :

b) Post held : c) Present monthly compensation :

d) The date when the present contract expires :

6. Performance of the staff assessed by the Principal Investigator for the period from

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (one year / half -year)

[ ] Excellent [ ] Very good [ ] Good [ ] Poor

7. Remarks of the PI about the conduct and punctuality of the staff being assessed :

[ ] Very good [ ] Good [ ] Unsatisfactory

8. Recommendation of the PI for the yearly / half-yearly extension of service contract of the staff being assessed in the same post for the period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or PDC whichever is earlier :

[ ] Extension with an increment recommended

[ ] Extension without increment recommended

[ ] Extension not recommended

**Signature of the PI with date**

9. Remarks of the Head of the Department / Centre:

Do you agree with the assessment and recommendation of the Principal Investigator as given in Item Nos. 6 – 8 ?

[ ] Yes [ ] No

10. If your answer to Item No. 9 is “No”, please state reasons:

Date : **Signature of the Head of the Department/Centre with seal**

**Sr. Admn. Officer (FPM) / Joint / Assistant Registrar (SRIC)**

**Dean (SRIC)**