

**FOR OFFICIAL USE ONLY / NOT FOR THE APPLICANTS
CHECKLIST**

(To be filled in by the University Official (Registrar/Director) with proper signature & Official Stamp)

Name of University/Institution: _____

A. Appointment approved by the Competent Authority as (Tick only one):

Tenure Track Appointment Tenured Faculty Member

B. Descriptions (Please attach the documents as described below and tick the relevant box):

YES NO N/A

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Duly filled Information Proforma with one latest passport size photograph (Annexure-IV). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Certificate duly signed and stamped by the University authority, that is, Registrar/Director (Annexure-V). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Copy of the recommendation by Selection Board for appointment/promotion (as applicable). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Approval of the University Syndicate/Equivalent body. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. *List of publications in Journals having Impact Factors (typed form) with ISSN number of each mentioned Journal on HEC prescribed form (Annexure-VI (A)/Annexure-VI (B) as applicable). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Copy of terminal degree (PhD etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Copy of equivalence certificate of the last terminal Degree (In case of foreign PhD). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. University's TTS criteria approved by the Syndicate/BOG (if not provided earlier). If not provided, Advance increments will not be endorsed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Justification for award of advance increments to the TTS faculty member. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. *Two original TRP recommendations by at least two neutral foreign experts in clear context of tenure track appointment on official letter head pad of the expert (Annexure-VII). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. **Minutes of Departmental Technical Review Committee (DTRC) report. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. **Mid-term Review and Final Review Reports. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. **Achievements during probation period under TTS. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Copy of appointment order and joining report. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Declaration:

This is to certify that all the entries/checklists are duly checked and verified by the undersigned against the original documentary evidences of the applicant and information provided is correct/true to the best of my knowledge and belief.

Name: _____

Designation: _____

Signature with Official Stamp: _____

Date: ____/____/____

* For endorsement of Associate Professor and Professor.

** Only for Professor/Associate Professor (promotion cases)

Note: Advance increments can only be awarded at the time of initial appointment based on the factors given in Model Tenure Track Statutes available at www.hec.gov.pk/tts. Furthermore, Advance Increments **cannot** be awarded at the time of promotion

INFORMATION PROFORMA FOR ENDORSEMENT FOR INITIAL APPOINTMENT/PROMOTION OF FACULTY ON TTS

(To be filled by the Applicant)

Terminal (final) Qualification: _____ Year: _____ Subject/Program: _____ Specialization: _____ Name and Address of the Institution awarding this terminal degree: _____	Passport size photograph
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Name (in block letters): _____ Father's Name (in block letters): _____
Contact Information: i. Name and Address of the Institution: _____ ii. Address for Correspondence: _____ iii. Permanent Address: _____ iv. Email: _____ v. Telephone: _____ Cell: _____

Date of Birth: ____ ____ ____(D/M/Y).	Age: ____ ____ ____(D/M/Y)
Nationality: _____	CNIC No: _____

Post PhD Experience (D/M/Y): _____ Pre PhD Experience (D/M/Y): _____ Total Exp. (D/M/Y): _____

Position applied for (Tick one): <input type="checkbox"/> Assistant Professor. <input type="checkbox"/> Associate Professor <input type="checkbox"/> Professor

My PhD thesis was evaluated by (Name, Institution, and Place)*: i) Name: _____ Institution: _____ Country: _____ ii) Name: _____ Institution: _____ Country: _____ iii) Name: _____ Institution: _____ Country: _____

*This information needs to be provided only by those candidates who are applying for the post of Assistant Professor having a PhD Degree from Pakistan.

Declaration: I Dr/Mr./Ms. _____ hereby solemnly declare that all the information provided by me for appointment/promotion under TTS is correct and true in all respects. If the information is found fake or incorrect, at any point of time, the undersigned is liable for the penalty to be decided by the competent authority and my appointment may be cancelled. Date: ____ ____ . Signature: _____

TTS cases cannot be processed, if the Proformae and Certificate are not properly filled in.

List of Publications in Journals Having IF (Impact Factor)* for Science Disciplines only

(To be filled by the Applicant - For Prof. and Associate Prof. only)

S.#	Name of Author	Complete Name of Journal and Address with ISSN (Print) No.	Title of the Publication	Vol. No. & Page No.	Date published	Impact Factor

(Please attach separate list on the same format, if, required)

* For all Science Disciplines publications only in Impact Factor (IF) Journals are acceptable for appointment under TTS. IF of a particular Journal can be checked from <http://www.isiknowledge.com>

Declaration:

I Dr/Mr./Ms. _____ hereby solemnly declare that all the information provided by me for appointment under TTS is correct and true in all respects. If the information is fake or incorrect, at any point of time, the undersigned is liable for the penalty to be decided by the competent authority and my appointment may be cancelled.

Date: _____ / _____ / _____. Signature: _____
dd mm yyyy

TTS cases cannot be processed, if the Proformae and Certificate are not properly filled in.

List of Publications in HEC Recognized Journals for TTS Appointments in Social Sciences Disciplines Only

(To be filled by the Applicant - For Prof. and Associate Prof. in Social Sciences only)

Sr. No.	Name of Author	Name of Journal with ISSN (print) No./ISBN No./ other contributions that come under defined categories.	Categorized by HEC as X/Y/Z *	Vol. No. & Page No.	Title of the Publication/ others	Date published

(Please attach separate list on the same format, if, required)

*For journals information, please refer: <http://www.hec.gov.pk/journals>

Note: Attach the equivalence certificate of book, patent etc.

Declaration:

I Dr./Mr./Ms. _____ hereby solemnly declare that all the information provided by me for appointment under TTS is correct and true in all respects. If the information found fake or incorrect, at any point of time, the undersigned is liable for the penalty to be decided by the competent authority and my appointment may be cancelled.

Date: _____ / _____ / _____ . Signature: _____
 dd mm yyyy

TTS cases cannot be processed, if the Proformae and Certificate are not properly filled in.

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CERTIFICATE

(To be filled in by the University Official (Registrar/Director) with name, signature & Official Stamp)

A). Personal Information of the Candidate:

Candidate's Name _____ Father's Name: _____

CNIC #. _____ Subject/Program: _____

Area of Specialization: _____

Post Recommended by the Competent Authority: Assistant Professor. Associate Professor Professor

Appointment approved by the Competent Authority as (Tick only one):

 Tenure Track Appointment
 Tenured Faculty Member

B). Descriptions (Based on "Minimum TTS Eligibility Conditions" for each appointment): **YES NO N/A***

1- Certified that the Candidate:

a) Holds a PhD degree/Terminal Qualification in the relevant field from HEC recognized University / Institution. b) Has got the required number of Publications in Journals recognized by the HEC for the purpose of TTS appointments. * c) Meets the requirement of publications, in the last five years, in journals recognized by the HEC for the purpose of TTS appointments. * d) Has got the required experience at Post-PhD or Post-PhD + Pre-PhD. e) Two TRP reports recommended by two neutral foreign experts in, clear context of Tenure Track OR Tenure appointment. * 2- The Institution has properly adopted and implemented TTS through its Statutory Bodies **Declaration:**

This is to certify that all the entries have been duly checked and verified by the undersigned against the original documentary evidences of the applicant and information provided is correct/true to the best of my knowledge and belief.

University/Institution: _____ Location: _____

Name: _____ Designation: _____

Signature with Official Stamp: _____

Date: ___/___/___
dd mm yyyy* Each appointment of Professor and Associate Professor must have been recommended positively by at least two TRP Members, drawn only from 'technologically advanced countries'. The other parameters given in the Model TTS, in this regard, (same is given below on the next page) should strictly be observed while selecting members of the TRP (Technical Review Panel).**Note:** Details about Minimum Conditions are given on the next page. All the appointments must be in conformity to these Minimum Conditions. The actual documentary evidences, checked by the University against the stated minimum conditions/ parameters, must be in record of the respective University which will be checked / verified by HEC at any point of time or during physical verification.