

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)
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Nationality:	CNIC No:
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Post PhD Experience (D/M/Y): _____	Pre PhD Experience (D/M/Y): _____	Total Exp. (D/M/Y): _____
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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

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.

PROFORMA FOR OBTAINING OPINION OF MEMBERS OF TECHNICAL REVIEW PANEL (TRP)* FOR APPOINTMENT ON TENURE TRACK SYSTEM

A) Basic Information regarding the applicant and appointment: (To be filled by the Registrar)

- a) Full Name of candidate: _____
- b) Name of Institution where this candidate has applied: _____
- c) Post recommended for (Tick One) Associate Professor Professor
- d) Type of appointment(Tick One): Tenure Track Full Tenure*

B) Recommendation of the Reviewer: (To be filled by the Reviewer /TRP Member)

- a) Brief Report of the strength of the candidate and basis of the recommendations being made:
- “Please Attach a brief report on teaching, experience, scholarship, Research or other creative work and service including community service of the candidate on your official letter head pad duly signed and stamped***”.
- b) Declaration of Recommendations:
- I recommend appointment of Dr./Mr./Ms _____ under TTS as (Tick one):
- Tenure Track Appointment Tenured Faculty Member

C) Personal information of the Reviewer: (To be filled by the Reviewer /TRP Member)

NAME: _____ DESIGNATION: _____

NATIONALITY: _____ FIELD OF STUDY: _____

ACADEMIC POSITION (Tick one): Associate Professor Professor

INSTITUTION & POSTAL/OFFICIAL ADDRESS: _____

Ph # _____ E-Mail ID: _____ Website: http:// _____

Declaration:

This is to certify that the undersigned has evaluated the dossier of the candidate, stated above, with dedication and professional honesty without any personal/professional prejudice and biasness.

Date: ___/___/___ SIGNATURE WITH OFFICIAL STAMP: _____
 dd mm yyyy

* For detail the “Model Tenure Track Statutes” on the HEC website may be visited: <http://www.hec.gov.pk/tts>

** Tenure Track and appointment as a tenured faculty member are two different things. Being on Tenure Track means that one holds the promise to be granted permanent Tenure. This means that a person on Tenure Track, during the next 4 years, has the potential to do good research, establish a research group and demonstrate research excellence in order to secure Tenured Status.

*** TRPs on plain paper and without date, signature and stamp by the foreign evaluator is not acceptable.

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.