

Name of the Applicant: \_\_\_\_\_

**ATOMIC ENERGY EDUCATION SOCIETY**  
Anushaktinagar, Mumbai-94

**FORM-4**

(PROFORMA FOR RECOMMENDING A LAB ASSISTANT / LAB ATTENDANT FOR AEES AWARD)

(Please submit one passport size photograph attested by the Principal and name of the applicant written on the reverse in separate envelope)

Part A and B to be filled in by the individual and Part C is to be filled by the Principal

**PART – A**

**PARTICULARS OF THE LAB-ASSISTANT / LAB ATTENDANT**

1. Name ( in block letters)      First Name        : \_\_\_\_\_  
   Middle Name       : \_\_\_\_\_  
   Last Name            : \_\_\_\_\_
  
2.    (a) Emp. Id                                         : \_\_\_\_\_  
      (b) Date of Initial appointment (Regular) : \_\_\_\_\_  
      (c) Grade on initial appointment         : \_\_\_\_\_
  
3. Present Designation & School Address         : \_\_\_\_\_  
with PIN code    \_\_\_\_\_  
   \_\_\_\_\_
  
4. Date of Birth & Age (as on 31-3-2019)         : \_\_\_\_/\_\_\_\_/19\_\_\_\_ Age:\_\_\_\_years\_\_\_\_month(s)\_\_\_\_day(s)  
(dd/mm/yyyy format)
  
5. Gender (Male/Female)                             : \_\_\_\_\_

6. (a) Academic qualification (At the time of joining AEES) (Chronological Order from SSC/class X ):

S.No.	Examination/ Degree	University/Board/Dept.	Month & Year of passing	Subject(s)

(b) Academic qualification acquired after joining AEES (In chronological order):

Name of the Applicant: \_\_\_\_\_

S.No.	Examination/ Degree	University/Board/Dept.	Month & Year of passing	Subject(s)

7. (a) SERVICE RECORD (Regular service in AEES)

Name & Address of the School	Designation	Service Duration			Class Subjects Taught		Any other responsibiliti es discharged
		From dd-mm-yy	To dd-mm-yy	Total (yy,mm)			

(b) Service Record prior to joining AEES (In recognized school/ Organisation which is verified and counted by AEES at the time of recruitment.

Name & Address of the School	Designation	Service Duration			Class Subjects Taught		Any other responsibiliti es discharged
		From dd-mm-yy	To dd-mm-yy	Total (yy,mm)			

Name of the Applicant: \_\_\_\_\_


(c) Total Service

Experience in	Teaching	Administrative	Others (Out side Expr.)	Total Experience
No. of years & months	Years: _____ Months: _____	Years: _____ Months: _____	Years: _____ Months: _____	Years: _____ Months: _____

Name of the Applicant: \_\_\_\_\_

**PART – B**

8. Record of In-service training programmes, workshops etc. attended as Participant or help to organize the same. (During last 5 years)

Sr.No.	Year	Name of the Course	Duration (Days)	Organized by	In the Capacity of participant / helping to organizing etc.	Remarks

9. Mention your specific attention to the welfare of the students and contribution towards society. Provide proofs duly certified by the Principal.

Sr.No	Particulars	Brief description of the work. (attach extra sheet.)	Remark
a.	Contribution towards community in the form of various social services		
b..	Contribution to School/JC administration (apart from the routine work)		
c.	Contribution to the co-curricular/examination/any other activities by the lab. assistants		
d.	Activities in NCC/NSS or other social/NGO organizations for social cause		

10. Has any innovative Practice / experimentation undertaken for greater impact of education (attach proof)

Sr.No	Particulars	Brief description of the work (attach extra sheet, if required)	Remark
a.	Special attention rendered for gifted/weak students and special needs students during practical sessions		
b.	Any kind of new equipments or instruments used for the		

Name of the Applicant: \_\_\_\_\_

	demonstration of practical classes		
c.	Ensuring safety measures and safety checks (Use of fire extinguishers and awareness about safety rules)		
d.	Ensuring the laboratory is well stocked and resourced		
e.	Projects/Experiment undertaken for benefiting school/college students		
f.	Method of communicating the results of the experiments performed by the students to the subject teachers		

11. Mention your specific way of maintaining the lab.

S.No	Particulars	Brief description of the work (attach extra sheet)	Remark
a.	Use of computers for maintenance of the records/registers/stocks etc.		
b.	Arranging/using the teaching aids such as smart board, LCD, OHP and Audio/Video system for lecture and other school purpose		
c.	Familiarization and use of equipments in the other laboratories		
d.	Development and innovation of Teaching aids relating to subjects.		
e.	Any demonstration of the experiments in the absence of teacher		
f.	Monitoring students during the practical classes and method of maintaining the journals or record note books		
g.	Method adopted for the arrangement of equipments/material for smooth conducting of practical classes		
h.	Safety measures , cleaning, disinfecting, and maintaining cleanliness of labs and equipment in the Laboratory		
i.	Any other point		

12. Mention your contribution in the following activities of the School.

S.No	Particulars	Brief description of the work (attach extra sheet)	Remark
a.	Social Service / Community Service		
b.	Club Activities / Exhibitions		

Name of the Applicant: \_\_\_\_\_

c.	CCA / Examination		
d.	Games & Sports / Adventure Activities		
e.	NCC / NSS / Scout & Guide/ Life Skills		
f.	Co-operation of the lab. assistant with peers, subject teachers and school authorities		
g.	Administrative / Office job		
h.	Any other		

13. Recognition / Award / Prize received at the National / State / AEES / District / Centre level by the Lab Assistant

Name of the Award	The Institution which Awarded	Year of award	Field of recognition	Award received by self	Remark

14. Any other significant achievement / contribution not mentioned above.

Important Note :

- i) Attested copies of relevant documents to be attached.
- ii) Application and the enclosed annexure should be in A-4 size, spiral binding file may be submitted by the applicant.

Signature of Applicant

Date :  
Place

Name :  
Designation :

Name of the Applicant: \_\_\_\_\_

**PART – C**

**(GENERAL ATTRIBUTES)**

**Remarks about the Lab. assistant/attendant based on the Assessment by Principal**

S.No	Particulars	Brief assessment by the Principal about the teacher (attach extra sheet, if required)		Total No. of Positive/Negative
		Positive	Negative	
1	<b><u>Organising Capabilities</u></b>			Positive = Negative =
	• Role of Lab assistants/attendants in organizing the lab materials and conducting practical classes			
	• Adhering to the schedule / meeting targets			
	• Planning of experiments and completing on time			
2	<b><u>Infrastructure Maintenance</u></b>			Positive = Negative =
	• Does he/she take interest in maintenance of the infrastructure such as furniture, fittings etc.			
	• Does the teacher show interest in beautification of the lab/campus and cleanliness?			
	• Laboratory materials/teaching aids are procured in time and maintained properly by the teacher			
3	<b><u>Working Relationship</u></b>			Positive = Negative =
	• Relationship with students and teachers management and colleagues			
	• Managing conflicts and sharing of information			
	• Ready to be in a team			
4	<b><u>Attitude towards work</u></b>			Positive = Negative =
	• Regularity in attendance			
	• Punctuality in duty and assignments			
	• Managing discipline in the laboratory			
	• Respect of lab. assistant among students			

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5	<b><u>Personal Contribution</u></b>	Positive	Negative	Positive = Negative =
	• Following good moral values and ethics			
	• Role of enhancing the image of the school in the community			
	• Accomplishment of planned work and the quality of the output of the work			
6	• Establishes risk-based criteria to evaluate laboratory equipment performance			
	<b><u>Other areas</u></b>	Positive	Negative	Positive = Negative =
	• Performance of lab. assistants in the committees of the school			
	• Leadership quality of the lab. assistant			
• Establishing laboratory emergency response protocols and their rationale.				
	• Promote National Integration in the work place by meeting with every one (without seeing caste, Greed, Colour /Region / Religion)			

IT IS CERTIFIED THAT ALL THE INFORMATION PROVIDED IN PART-A TO PART-C HAVE BEEN CHECKED AND FOUND CORRECT.

Date :  
Place

SIGNATURE OF THE PRINCIPAL  
Name :  
Designation :



Name of the Applicant: \_\_\_\_\_

**PART-D**

(Evaluation by School/Centre Level Committee)

Supporting documents for Part-D, wherever applicable, should be verified from Part A to C the marks will be awarded by the school/centre level committee

**Contribution by Lab. Assistant.**

**(30 Marks)**

S.No	Parameter	Particulars of Parameters	Marks to be allotted	Total Maximum marks to be awarded
1.	Training Programme (During service period in AEES) Program attended/organized on self initiative even outside AEES may also be considered	Participation in training programmes or worked as resource person thrice	5	___ out of 5
		Participation in training programmes or worked as resource person twice.	3	
		Participation in training programmes or worked as resource person once	2	
2.	Innovative Assignment	Special attention rendered for gifted/weak children with special needs during practical sessions	4	___ out of 10
		Any kind of new equipments or instruments devised and used for the demonstration of practical classes	4	
		Ensuring safety measures and safety checks (Use of fire extinguishers and awareness about safety rules)	3	
		Ensuring the laboratory is well stocked and resourced	3	
		Projects/Experiment undertaken for benefiting school/college students	3	
		Method of communicating the results of the experiments performed by the students to the subject teachers	3	
3.	Personal Contribution	Contribution towards community in the form of various social service activities	4	___ out of 10
		Contribution to School/JC administration (apart from the routine work)	3	
		Contribution to the co-curricular/examination/any other activities by the lab. assistants	3	
		Activities in NCC/NSS or other social/NGO organizations for social cause	3	

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		Method adopted for the arrangement of equipments/material for smooth conducting of practical classes	3	
		Co-operation of the lab. assistant with peers, subject teachers and school authorities	4	
4.	Establishes risk-based criteria to evaluate laboratory equipment performance (Safety and security of students)			___ <b>out of 4</b>
5.	Alerting about the expected emergency situations in the labs			___ <b>out of 1</b>
			Total	___ <b>out of 30</b>

RECOMMENDATION OF THE CHAIRMAN, SCHOOL/CENTRE LEVEL COMMITTEE

Name of the Member	Signature
1	
2	
3	
4	
5	

Date :  
Place

SIGNATURE  
CHAIRMAN. SCHOOL/CENTRE LEVEL COMMITTEE  
Name :  
Designation :  
Seal :

Name of the Applicant: \_\_\_\_\_

**PART-E**

(Evaluation by the Cluster Committee)

**Contribution by Lab. Assistant.**

**(30 Marks)**

S.No	Parameter	Particulars of Parameters	Marks to be allotted	Total Maximum marks to be awarded
1.	Previous recognition	National/ State level/ international NGO award	2	___out of 4
		District / Centre / local level	2	
2.	Use of computers for maintenance of the records/registers/stocks etc.		2	___out of 10
3.	Arranging/using the teaching aids such as smart board, LCD, OHP and Audio/Video system for lecture and other school purpose		2	
4.	Familiarization and use of equipments in the other laboratories		2	
5.	Development and innovation of Teaching aids / Tools		2	
6.	Monitoring students during the practical classes and method of maintaining the journals or record note books		2	
7.	Inculcating good moral values and ethical practices		2	
8.	Regularity in attendance		1	___out of 1
9.	Punctuality in duty and assignments		1	___out of 1
10.	Managing discipline in the laboratory		1	___out of 1
11.	Respect of lab. assistant among students		1	___out of 1
12.	Interaction	<ul style="list-style-type: none"> <li>• Presentability</li> <li>• Communication Skill</li> <li>• Awareness about safety security rules</li> <li>• Preparedness for any extra assignments</li> </ul> Amenability / Belongingness Polite language etc.	10	___out of 10
			<b>Total</b>	<b>___out of 30</b>

Name of the Applicant: \_\_\_\_\_

REMARKS / RECOMMENDATIONS OF THE CLUSTER LEVEL COMMITTEE

Name of the Member	Signature
1	
2	
3	
4	
5	

Date :  
Place

SIGNATURE  
CHAIRMAN, CLUSTER LEVEL COMMITTEE  
Name :  
Designation :  
Seal :

Name of the Applicant: \_\_\_\_\_

**PART - F**

(Assessment to be done by Central Committee referring Part-B to Part-E)  
Evaluation at central level for Lab. Assistants (28+12=40 Marks)

S.No	Parameter	Particulars of Parameters	Marks to be allotted	Total Maximum marks to be awarded								
*1.	Organising Capabilities	<ul style="list-style-type: none"> <li>• Role of Lab assistants/attendants in organizing the lab materials and conducting classes</li> <li>• Adhering to the schedule / Targets</li> <li>• Planning of experiments and completing on time</li> <li>• Method adopted for receipt and inspection of raw materials, ordering and stocking of materials and equipment.</li> </ul>	4	___ out of 4								
*2.	Infrastructure Maintenance	<ul style="list-style-type: none"> <li>• Does he/she take interest in maintenance of the infrastructure such as furniture, fittings etc.</li> <li>• Does he/she show interest in beautification of the lab/campus and cleanliness?</li> <li>• Laboratory materials/teaching aids are procured in time and maintained properly by him / her</li> <li>• Responsible for cleaning, disinfecting, and maintaining cleanliness of rooms and equipment</li> </ul>	4	___ out of 4								
*3.	Working Relationship	<ul style="list-style-type: none"> <li>• Relationship with students and teachers</li> <li>• Relationship with school management and colleagues</li> <li>• Managing conflicts and sharing of information</li> <li>• Ready to work in Team</li> </ul>	4	___ out of 4								
4.	Professional Advancement	Higher education acquired that attributes to the professional competence	5	___ out of 5								
		<table border="1"> <thead> <tr> <th>Category</th> <th>Degree</th> <th>Marks</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Lab. Assistants/ Attendants</td> <td>Degree in any of the science stream</td> <td>2</td> </tr> <tr> <td>Any other Degree/ Diploma or equivalent</td> <td>2</td> </tr> </tbody> </table>			Category	Degree	Marks	Lab. Assistants/ Attendants	Degree in any of the science stream	2	Any other Degree/ Diploma or equivalent	2
		Category			Degree	Marks						
Lab. Assistants/ Attendants	Degree in any of the science stream	2										
	Any other Degree/ Diploma or equivalent	2										

Name of the Applicant: \_\_\_\_\_

		Certificate courses	1	
5.	Role of enhancing the image of the school in the community		1	— out of 1
6.	Accomplishment of planned work and the quality of the output of the work		2	— out of 2
7.	Preparedness on Emergency situation		2	— out of 2
*8.	Additional Contribution	Additional contribution and belongingness shown by him/her to the school management by not resorting to the leave entitlement	6	— out of 6
<b>TOTAL MARKS</b>			28	— out of 28

Note:

\*\* For Point No 1 to 3 can be assessed by referring to Point No 1 to 3 of Part-C with proper cross checking as per the following table

a)	Four positive observations to be graded as Outstanding	4 marks
b)	Three positive observations to be graded as Very Good	3 marks
c)	Two positive observations to be graded as Good	2 marks

\* Additional contribution can be quantified as per the following method

1	Leave availed except CL up to 10 days	6 marks
2	Leave availed except CL 11 to 20 days	3 marks
3	Leave availed except CL 21 to 30 days	2 mark

Name of the Applicant: \_\_\_\_\_

**PART – G**  
**(To be filled in by Central Committee)**

**APAR/ACR Grading obtained by the candidate in last 3 years**

Year	Grade obtained	Grade Point
Total Grade Points (Out of 12)		

APAR Grading	Outstanding	Very Good	Good	Satisfactory	Poor
Grade Point	4	3	2	1	0

**TOTAL MARKS AWARDED BY CENTRAL COMMITTEE (OUT OF 30):**

EVALUATION (Part F) (Out of 28)	APAR (Part G) (Out of 12)	CENTRAL LEVEL (Total=Part F + Part G) (Out of 40)

**TOTAL MARKS OBTAINED BY THE CANDIDATE IN ALL LEVELS**

SCHOOL LEVEL (Part D) (Out of 30)	CLUSTER LEVEL (Part E) (Out of 30)	CENTRAL LEVEL (Part F + Part G) (Out of 40)	TOTAL (Out of 100)

REMARKS / RECOMMENDATIONS OF THE CENTRAL LEVEL COMMITTEE

Name of the Applicant: \_\_\_\_\_

Name of Member	Signature
1	
2	
3	
4	
5	

Date :  
Place :

SIGNATURE  
CHAIRMAN, CENTRAL LEVEL COMMITTEE  
Name :  
Designation :  
Seal