



Ref. No- VU/FO/Noti./323 /25

Dated- 09/09/2025

NOTIFICATION

With reference to the decision of the Finance Committee Meeting dated 25/07/2025, this is for information of the concerned employees that the following information along with all supporting documents are required for upgradation from casual / daily hiring basis employees to 'Casual staff with consolidated pay'-

- (i) Date of engagement / joining as casual / daily hiring basis in Vidyasagar University (format attached)
- (ii) Duly filled up Assessment Report(format attached)

The above information along with all supporting documents is to be certified by the concerned HOD / In-charge / Coordinator and transmit to the Finance Officer within 15th September 2025 positively.

All concerned are being informed accordingly.

This is issued with the approval of the competent authority.

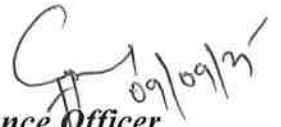
Kindly treat this matter as urgent.

Sd/-

Finance Officer
Vidyasagar University

Copy forwarded for information and necessary action to:

- 1) *The Deans of the faculty concerned;*
- 2) *The Head of all academic and administrative Departments – with a request to circulate the same amongst all employees of his/her Department.*
- 3) *The Registrar.*
- 4) *The Senior Information Scientist - with a request to upload the same on the University website for wide circulation.*
- 5) *The Secretary to the Vice-Chancellor for kind information to the Hon'ble Vice-Chancellor.*
- 6) *Guard file.*


Finance Officer
Vidyasagar University
Finance Officer
VIDYASAGAR UNIVERSITY
Midnapore-721102

VIDYASAGAR UNIVERSITY

P.O. – Vidyasagar University, Midnapore – 721102
West Bengal

Application Format to consider the Daily Wage Employees for consolidated payment

Please paste
recent
passport
size
photograph

1. Name :

2. Residential / permanent address
with Phone No. and e-mail ID :

3. Date of Birth :

(Please enclose self attested
supportive document)

4. Present Designation :

5. Department :

6. Date of engagement at Vidyasagar
University (proof to be enclosed) :

7. Educational Qualification (Please enclose self attested supportive documents):

Name Of Examination	Board / University	Year	Percentage of Marks	Division

8. Working experience (Please enclose supportive documents, if any) :

I do hereby declare that the information as furnished herewith above are true, complete and correct in all respect.

Date:

Place:

.....
(Signature)



VIDYASAGAR UNIVERSITY
PERFORMANCE ASSESSMENT REPORT *Confidential*
(FOR DAILY WAGE BASIS STAFF)

Name of the Staff:

Department: Designation:

ASSESSMENT BY THE HEAD/IN-CHARGE/CO-ORDINATOR (Highest score = 10)

- | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Dedication & keenness to learn: | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 2. Initiative, Teamwork and Job Knowledge: | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 3. Personality, Appearance and Work Habits: | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 4. Quality of Work: | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 5. Promptness in disposal of work: | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 6. Willingness to shoulder additional responsibility and put in extra efforts: | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 7. Punctuality in attendance: | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 8. Amenability to discipline: | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 9. Relations with fellow employees (willingness to co-operate and collaborate): | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| 10. Overall Grading: | ① | ② | ③ | ④ | ⑤ | ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

Remarks, if any

.....
Signature of the Head of the Department

Name:

Designation:



VIDYASAGAR UNIVERSITY

ASSESSMENT REPORT (FOR DAILY WAGE BASIS STAFF)

Confidential

Emp. Code (if any):..... Emp. Name:

Department: Designation:

Please give your opinion / observation to be considered for consolidated payment of the Daily Wage Employee

☐ To be considered for consolidated payment.

Specific justification :

.....
.....
.....

☐ May be terminated from service

Specific reasons:

.....
.....
.....

Date:

.....
Signature of the Head of the Department

Name:

Designation:

Remarks of the Registrar / Competent Authority

Remarks, if any

.....
.....
.....

Date:

.....
Signature of the Registrar / Competent Authority

Name:

Designation: