

Immediate/Time Bound



**"Say YES to LIFE/ Say NO to DRUGS"**  
**CSK Himachal Pradesh Krishi Vishvavidyalaya, Palampur**  
**General Administration Branch**



43208-97

No. QSD.8-37/2022-23/CSKHPKV (GA)/-  
Dated, Palampur, the:

07 AUG 2023

To

1. All the Statutory Officers, CSKHPKV, Palampur.
2. The Incharge (UNS), Coordinator, HRD&PC/Medical Officer, CSKHPKV, Palampur.

**Subject: Annual Report for the year 2022-23.**

Sir/Madam,

The Annual Report for the year 2022-23 (1.7.2022 to 30.6.2023) is to be prepared and placed before BOM for approval and making recommendations for its presentation to the Senate for approval and further submission to the Govt. for consideration.

It is, therefore, requested to supply the information pertaining to your College/Directorate/Office to the undersigned by 20<sup>th</sup> August, 2023 positively alongwith soft copy of the same through email [sogad16@hillagric.ac.in](mailto:sogad16@hillagric.ac.in) so that Annual Report for the year 2022-23 has to be prepared in time. The information/manuscripts should be sent as per previous practice including academic excellence, good quality photographs, pertaining to teaching, research, extension and students activities.

In addition to the above, the following information may also be supplied as per format given with the points:

1. Resident instructions:
2. Name of faculty members/employees who visited abroad:

S. No	Name of the department	Faculty	Place/country visited	Date/ period	Purpose
1.	_____	Dr _____	University of _____	_____	Conf./ training on "____"

3. Name of VIP Visitors:

S. No.	Name of Visitor	Address	Date and purpose of visit
1.	Dr./Mr. _____	Project Coordinator, AICRP on _____	"_____"

4. Name of faculty members/employees who have brought honour to the University in the form of awards/honours:

S.No.	Name and Designation of Awardee	Name of Award
1.	Dr./Mr. _____, Deptt. _____	Best paper award

5. Workshop/Seminar/Symposia/Conference organized:

S.No.	Workshop/Seminars/Symposia/Conferences	Date/Period	Name of department
1.	One month vocational training on "_____".	_____	-

6. Total No: of published publications (department wise):

S. No.	College/Department	Research	Extension	Others
1.	Deptt. of _____	-	-	-

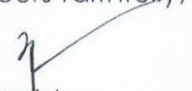
7. Books published (only book) :

S. No	Title of the book	Names of the Authors	Name and address of the Publisher
1.			

8. Success story, if any.

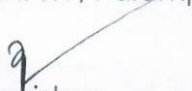


Yours faithfully,

  
Registrar,  
CSK HPKV, Palampur.

Copy to:

1. All the Heads/Incharges of Departments/Units, CSKHPKV, Palampur. They are requested **to send the information to the respective Deans/Directors** for compilation within prescribed period.
2. All Associate Directors/Scientist Incharges, Regional Research Centres/ Research Sub Stations/Krishi Vigyan Kendras. They are requested **to send the information to the respective Deans/Directors** for compilation within prescribed period.
3. The Secretary to Vice-Chancellor, CSKHPKV, Palampur.
- ✓ 4. The Incharge, UNS, CSKHPKV, Palampur for uploading in the University website.
5. The Deputy Registrar (Acad)/ (Estt.)/ (Rectt.), CSKHPKV, Palampur for similar action.

  
Registrar,  
CSK HPKV, Palampur.