

.....  
(Name of Institution)

### ANNUAL PERFORMANCE APPRAISAL FORM

Performance Appraisal for Faculty Member for the academic year .....  
(Part A & B to be completed by the faculty member concerned and submitted to the Head of  
Department before 15<sup>th</sup> June of every year)

Name : .....

Department: .....

#### A. GENERAL INFORMATION

1. Date of Birth .....
2. Date of entering Academy service with Designation .....  
.....
3. Present Designation .....
4. Date of joining the present post .....

#### QUALIFICATIONS:

| College / University | Degree received | Date |
|----------------------|-----------------|------|
|                      |                 |      |
|                      |                 |      |
|                      |                 |      |
|                      |                 |      |

#### Membership of Professional Societies:

1. ....
2. ....
3. ....
4. ....
5. ....

B. PERFORMANCE RELATED DATA

1.

| Subject Code | Subject taught / UG project guided | SCORE* |
|--------------|------------------------------------|--------|
|              |                                    |        |
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|              |                                    |        |
|              |                                    |        |
|              |                                    |        |
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|              |                                    |        |
|              |                                    |        |

\* To be filled in by the Principal based on the score sheet for teaching effectiveness index.

2. Learning Resources Development / Curriculum Planning work done, if any

| Description | Targeted | Achieved |
|-------------|----------|----------|
|             |          |          |
|             |          |          |
|             |          |          |
|             |          |          |

3. Projects submitted for Institutional Development (modernization of lab, starting of new course, etc.....)

| Target for Project P. oposal | Proposal submitted with dates | Proposals approved for implementation | Amount of grant, if any |
|------------------------------|-------------------------------|---------------------------------------|-------------------------|
|                              |                               |                                       |                         |
|                              |                               |                                       |                         |
|                              |                               |                                       |                         |
|                              |                               |                                       |                         |

4. MAJOR CONSULTANCY WORK undertaken (costing over Rs.....per project) with names of co-investigators.

(a) Target (in terms of value).....

(b) Achievements.....

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5. PHD THESIS / M.TECH THESIS GUIDED

| Name of Student | Year of Registration | Year in which degree is awarded/expected |
|-----------------|----------------------|--|
|                 |                      |  |
|                 |                      |  |
|                 |                      |  |
|                 |                      |  |
|                 |                      |  |
|                 |                      |  |

6. Publications (which actually appeared in print during the relevant period)

i) International journals (list with title, name of journal, date of publication and names of co-authors, if any)

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ii) National Journals (refereed) with details as above.

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iii) International conferences (conference in India and abroad with international collaboration and / or participation) with details

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iv) Books published with details as above

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v) Honours and Awards received, if any

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7. Details of training undergone and other self development programs undertaken

i) Industrial training

Targeted .....

Achieved .....

ii) Management training

Targeted .....

Achieved .....

iii) Refresher course / Summer School etc

Targeted .....

Achieved .....

8. Management of student hostels, students counseling and other student services rendered

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9. Continuing Education Programmes Co-ordinated

| Targeted No. Of Proposals | Proposal submitted | Proposal approved and conducted | Date | Co-Coordiators, if any |
|---------------------------|--------------------|---------------------------------|------|------------------------|
|                           |                    |                                 |      |                        |
|                           |                    |                                 |      |                        |
|                           |                    |                                 |      |                        |
|                           |                    |                                 |      |                        |
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|                           |                    |                                 |      |                        |

10. Administrative responsibilities undertaken

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11. Sponsored R&D work undertaken

| Targeted No. of proposals. | Proposal submitted | Proposal approved for funding with dates | Amount of grant | List of Co-investigators if any |
|----------------------------|--------------------|--|-----------------|---------------------------------|
|                            |                    |  |                 |                                 |
|                            |                    |  |                 |                                 |
|                            |                    |  |                 |                                 |
|                            |                    |  |                 |                                 |
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12. Co-Curricular/Extra-Curricular activities organized, participation in sports and cultural activities.

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13. Accomplishment in Academic Direction and Administration.\*

- Organization and / or chairing of conferences.
- Editing / Referencing of recognized journals
- Developing of corporate image of institution
- Interaction with organization of relevance of State/National/International levels
- Any other

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14. Any other relevant information

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Date:

Signature of faculty member

(Assessee)

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C.SUMMARY REPORT OF THE PRINCIPAL<sup>+</sup>

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Name and Signature of Principal

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I have seen the above

Signature of Faculty Member

(Assessee)

\* to be filled up by professors and all teachers with significant administrative responsibilities

+ the Assessment must, inter alia, take into account and comment on (i) the strengths and weaknesses of the Assessee, (ii) special good work done, if any (iii) disciplinary action taken, if any, (iv) overall performance, and (v) training/developments needs of the Assessee