

SELF APPRAISAL FORM

(Teaching)

(Fill in Block Letters, Information to be filled for the year of appraisal)

Academic Year/Session: 2016-17

Date:

PART - I

1. Name in fullDesignation/Department.....

(a) Date of Birth

(b) Age.....Yrs.....Months

(c) Present Salary:.....

Description	Present Salary as on	Increment	Proposed salary after increment as on
Basic /Consolidated Salary			
DA @			
Other allowances			
Total			

2. Place of present residence.....

3. Educational Qualification (from Matriculation onwards):

S. No.	Exam. Passed	University/ Board	Name & Address of the Institute	Year of Passing	% age of Marks & Division	Regular/ Corrs/Part Time
1.	Matric					
2.	XII/Diploma					
3.	B.A./B.Sc./ B.Com./ B.Tech.: -Branch					
4.	M.A./M.Sc./M.Com/ MBA/MCA/M.Tech (Branch.....)					
5.	M.Phil / Ph.D / Any Other Exam					

4. Dates of Appointment / Experience in the Institute

Nature of Appointment	Designation	Date of Joining	Date of Relieving
Contract/Adhoc			
a)			
b)			
c)			
d)			
e)			
Regular (Probation)			
Probation Extended, if yes, give reasons			
Regular (Confirmation)			
Selection/Promotion to higher post			

5. Total Teaching experience in other Institutions/ industries

Name of the Institute/Industry	Designation	Nature of Appointment (Regular/Contract)	Date of Joining	Date of Relieving	Reason For Leaving

6. Teaching days of the semester:

	Particular	ODD Semester		Even Semester	
		Institute	Teacher	Institute	Teacher
a	Working days				
b	Teaching days				

7. Leave Account during the year (for office use)

Type of Leave	Odd Sem	Even Sem	Type of Leave	Odd Sem	Even Sem
	Availed	Availed		Availed	Availed
Casual Leave			Duty leave assigned by the Institute		
Medical (with pay)			Duty leave assigned by the University etc.		
Maternity Leave			Winter break		
Any other leave			Summer Break		
Total			Total		

8. Results:-

Year: 2015-16 Semester : Even			Year: 2015-16 Semester :Odd			Year:2014-15 Semester :Even			Year: 2014-2015 Semester : Odd		
Subject	Sem.	%	Subject	Sem	%	Subject	Sem.	%	Subject	Sem.	%

PART - II

S.No.	Particulars	To be filled by Candidate	Verification of HOD
1.	Classroom Teaching Performance		
2.	Subject Knowledge		
3.	Subject Specialization		
4.	Practical Knowledge		
5.	Specific Additional Inputs		
6.	Students Feedback		
7.	Attendance of Students in class		
8.	Aptitude to Learn		

9. Contribution in placement

S.No.	Activity	No.	Outcome	Verification of HOD
(i)	Companies visited			
(ii)	Placement drives finalized			
(iii)	Accompanying in placement drives (outstation)			

10. Contribution in Admissions :

S. No.	Activity	Yes/No	Nos.	Verification of HOD
(i)	Schools Visited			
(ii)	Interaction with the students in the schools			
(iii)	Interaction with the faculty of schools			
(iv)	Participation in Education Expo			
(v)	Any Other			

11. Expert Lectures/Workshops/Industrial Visits arranged:

S.No.	Activity	No.	Details
(i)	Organizing expert lectures / Workshop		
(ii)	Organizing conference / Seminar		
(iii)	STC and other Training Programs attended		
(iv)	Accompanied in industrial / Study / Site visits		

12. Administration & other activities:

S.No.	Activity	Y/N	Details
(i)	Contribution towards motivating the students to use Library, Resource material		
(ii)	New titles recommended		
(iii)	Contribution to Development of curriculum, instructional material and practical lab manuals		
(iv)	Admission committee member		
(v)	Mentor Advisor (No. of students)		
(vi)	Dept. Library Member		
(vii)	Faculty Advisors to sports and cultural events		
(viii)	Grievance Committee Member		
(ix)	Departmental ERP Admin		
(x)	Departmental Time Table In-charge		
(xi)	Contribution to Institute Magazine, other journals brochures or any publication work		
(xii)	Faculty In-charge/Advisor for various Clubs, such as PD, History, Robotics etc.		
(xiii)	Departmental TPO coordinator		
(xiv)	Faculty in-charge, Departmental website		
(xv)	Departmental Coordinator of Examination		
(xvi)	Departmental Repair / Maintenance		
(xvii)	Suggestions made for the improvement in the working of the institute		

13. Any other Achievement (highlight briefly

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14. Whether giving any private tuitions/coaching

Remarks of HOD.....

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(Name & Signature of the HOD)

Remarks of Registrar.....

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(Signature of the Registrar)

Recommendation of the Director.....

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(Signature of the Director)

Seen & Noted.....**(Signature of the teacher)**

Recommendation of the General Secretary.....

Order of the Chairman.....