

PERFORMANCE APPRAISAL FORM
COMMON FOR ALL GRADES LECTURER (SR. SCALE)/LECTURER(SELECTION
GRADES)/ASSISTANT PROFESSOR/PROFESSOR

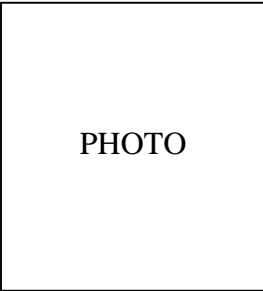
1. Name : _____

2. Date of Birth : _____

3. Date of Appointment with Designation & Pay: _____

4. Present Designation & Pay : _____

5. Qualifications:



Exam. Passed	School/Univ.	Class/Division.	% Marks	Discipline	Year

6. **Details of participation in Summer/Winter Schools or Continuing Education Programme with AICTE/MHRD approval.**

Name of Summer/Winter School	Duration/Period of Time	Whether AICTE/MHRD Approved	Venue/ Department	Co-ordinator's Name & Address

7. **Publications / Presentations (Separate listing for Journal & Conference/Seminar)**

Sl. No.	Author(s)	Year	Title	Reference of Journal/Conf. or Seminar Proceedings with Volume No. & other details

8. (A) Subjects taught in this academic year:

Course Name Year / Sem	No. of Students	Duration with Date(Sem wise)	Subjects(Theory / Lab)

(B) Result Analysis - Subject wise

Course Year / Sem					
Subject Name					
No.of Students Appeared					
No.of Students Passed					
No.of Students Failed					
Highest Mark					
Lowest Mark					
No.of Distinctions					
No.of First Class					
Average Mark					

9. **Research Projects:**

Title	Sponsor	Grant Received	Duration	Completed on going	Guiding for MBA/MCA/M.Tech./Ph.D with Name of candidate

10. **Guiding MBA/MCA/M.Tech./Ph.D**

Title	MBA/MCA./M.Tech.Ph.D	University	Year of Completion	Name of Student(s)

11. **Laboratory Development Activities, if any**

Name of Expt.	Laboratory	Department	What is Innovative?	Remarks

12. **Administrative Works, if any**

Department Level:

S.No	Details of Responsibility Entrusted	Authority Department	Duration

Institute Level :

13. **Design of New Courses & Curricula, if any**

Course Name	Base/Diploma/Degree	Year of Introduction	What is Innovative	Remarks

14. **Seminar/Workshop/Short Courses Organized:**

Title of Seminar/Workshop/Short Course	Duration	Sponsor	Venue	Co-ordinator

15. **Specify best three publications (with copies of publication):**

i) _____

ii) _____

iii) _____

16. **Professional Body Membership, if any**

Member/Fellow	Membership No.	Society/Body	Duration

17. **Seminar/Workshops Attended:**

Seminar/Workshop Title	Duration	Venue	Co-ordinator's Name & Address

18. Significant contribution to Teaching/Academic Environment

(a) Course Notes (b) Lab Manual (c) Text Book (d) Monograms

(e) Computer Based Tutorials (CBT) (f) Others (Specify)

Sl. No	Details of the contribution with title	Classification	Month/Year

19. Visit abroad, if any, with details :

20. Any other Academic Contribution (s)

Date: _____

Signature of Applicant

Forwarding Appraisal & Follow up:

Forwarded by Director

(With comments, if necessary, about the information given)

1.

2.

(Signature with Date)