



**ANNUAL APPRAISAL**

**HUMAN RESOURCES DEPARTMENT**

### Appraisal Form

### Non – Clinical Teaching FACULTY

Name	Department	College
Position Title	DOJ	Employee ID
Last Appraisal Date		

**Year of Assessment:** \_\_\_\_\_

**Note:**

Carefully read and fill the information accurately.

Also please note that furnishing wrong information will be taken as a grave misconduct and will induce a disciplinary action leading to disqualification from promotion at the minimum.

#### RATING KEY

[ 5 ]	<b>Outstanding Performance</b>	Accomplishments are consistently above expected level of essential job requirements.
[ 4 ]	<b>Very Good Performance</b>	Meets and is above satisfactory performance standards at times. Job performance is satisfactory, acceptable and sometimes above expectations.
[ 3 ]	<b>Good Performance</b>	Meets established objectives in a satisfactory and adequate manner.
[ 2 ]	<b>Inconsistent Performance</b>	Performance is at an inconsistent level. Performance requires correction in some areas in order to successfully meet job requirements. Performance requires a high degree of supervision.
[ 1 ]	<b>Unsatisfactory Performance</b>	Performance is at level below established objectives with the result that overall contributions are marginal and substandard. Performance requires a high degree of supervision and immediate corrective action.



**SECTION A: SELF APPRAISAL**

State your academic achievements that are worthy for the year. This may include academic awards, admission of fellowships of academics etc

**1 ACTUAL WORKLOAD/ TEACHING / ACADEMIC (In the year of Assessment)**

**I) Teaching Effectiveness & Methodology**

**II) Teaching Innovation to enhance learning**

**III) Activities that contribute to student success in the form of improved and measurable learning outcomes**

**IV) Number of lectures/ seminar allotted to you**

**V) Number of lectures/seminars taken by you**

**VI) Hours per week/year spent in teaching (demonstrations / tutorials).**



**VII) Hours per week spent in teaching (seminars, conference and journals with No. of students writing under you).**

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**VIII) New course design/Curriculum revision/redesign of an existing course undertaken by you**

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**IX) Number of Ph.D Students working under you.**

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**X) Academic Awards won in Universities (under UGC) National / International societies**

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**XI) Lecture recorded on lecture capture system.**

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**XII) Online Courses developed.**

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**XIII) MOOC Courses supervised on swayam portal.**



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**XIV) Initiative on OBE :**

**A) CO/PO Mapping**

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**B) Examination paper mapped with CO & PO**

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**XV) Electives/ Value added courses offered.**

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**ACTUAL WORKLOAD/ RESEARCH & PUBLICATION (In the year of Assessment)**

I) Mention your –Google scholar H Index No. \_\_\_\_\_

II) List your publications with you as either 1<sup>st</sup> three authors / Corresponding author Published in PUBMED INDEXED JOURNAL (Last Academic Year)

III) List your publications in SCOPUS, WEB of SCIENCE, GOOGLE SCHOLAR and INDIAN CITATION Index only with you as either 1<sup>st</sup> three authors / Corresponding author (Last Academic Year) (Name of all authors, with full details of each paper must be mentioned in standard format).

IV) UGC Care Journal (Name of all authors, with full details of each paper must be mentioned in standard format). (Last Academic Year)

V) Publication in Conference Proceedings (Last Academic Year)

VI) Books / Book Chapter (Last Academic Year)



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VII) **No. of citations in PUBMED, SCOPUS, WEB of SCIENCE, GOOGLE SCHOLAR (Last Five Years)**

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VIII) **Research Talks - Invited / delivered**

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IX) **List of papers Selected / Presented by you in conference related to your field of expertise organized by National / International Societies.**

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X) **List of papers Selected / Presented by you in conference related to your field of expertise & other Conference.**

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XI) **Any Research Paper awards won in any National / International societies**

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XII) **Research Grants Obtained (Project, Amount) from :**

**A. Govt**

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**B. NGO**

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**C. Industry**

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**XIII) Consultancy Received from Industry :**

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**3 ACTUAL WORKLOAD/ OTHER UNIVERSITY RELATED - (In the year of Assessment)**

- I) **List of Conferences / FDP / Seminars conducted by you in department / college as Course director / Organizing Secretary / President.**

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- II) **Research Related Service (Reviewing for journals, serving in editorial roles, organizing research seminars, conferences)**

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- III) **Discovery & Innovation (Patents)**

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- IV) **Start-Ups Incubation**

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- V) **Activities that support for Accreditation / Ranking / Recognition**

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**VI) Administrative support to the University**

**VII) Collaborative projects/MoU's with Industry; Inviting guest speakers from Industry, research centers**

**VIII) Initiated MoU's with reputed universities/ research Centers/ organizations**

**IX) Community Based Activities Conducted if Any**

**X) Awards won for Community Activities:**

**4 - Please mention briefly the problems which hampered you from achieving the best you can**

Name	Signature	Date



**SECTION B - (To be filled by Head Of Department / Reporting Authority)**

**1. Interest:** \_\_\_\_\_

**2. RESEARCH ABILITY:**

- Interest in research: \_\_\_\_\_
- Theoretical ability and the capacity to interpret data : \_\_\_\_\_
- Experimental and Practical ability : \_\_\_\_\_
- Originality, capacity to produce new and good ideas: \_\_\_\_\_

**3. TEACHING ABILITY:**

- Interest in Teaching: \_\_\_\_\_
- Power of expression, Ability to express clearly and concisely. \_\_\_\_\_
- Punctuality and regularity at assigned sessions/seminars. \_\_\_\_\_
- Effectiveness, as a teacher/as judged by peer rating/students rating  
(Popularity with the students) \_\_\_\_\_
- Knowledge of current advances, general professional and clinical skills in his/her subject  
\_\_\_\_\_

**4. ADMINISTRATIVE ABILITY**

- To take new initiative \_\_\_\_\_
- Capacity to work in a team \_\_\_\_\_
- General administrative efficiency \_\_\_\_\_



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**Assessment of the HOD / Reporting Authority: Overall work in his/ her particular position**

**Remark** \_\_\_\_\_

(Exceptionally brilliant/Outstanding/ Well above average standard/Good average man/The average men fairly competent but without special ability or initiative /Insufficient initiative and capacity for work without constant supervision/ Indifferent but just worth retaining/ Not worth retaining in the present position.)

Name	Designation	Signature	Rating	Date

**SECTION C - (To be filled by DEAN / PRINCIPAL / REVIEWING AUTHORITY)**

**Do you agree with the staff own account as recorded in this report**

Comment: \_\_\_\_\_

**Do you agree with the observations of the HOD / Reporting Officer**

Comment: \_\_\_\_\_

**Do you agree with the HOD's / Reporting Officer overall assessment of the staff reported**

Comment: \_\_\_\_\_

**Overall Remark**

Comment: \_\_\_\_\_

Name	Designation	Signature	Rating	Date



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**Employee Section**

I agree with the contents of this performance evaluation. \_\_\_\_\_

I disagree with the contents of this performance evaluation, please see my comments below.

Additional Comments:

**By signature, I acknowledge that I discussed this evaluation with my supervisor and reviewed the evaluation, it does not imply agreement. I understand that I may receive a copy of this appraisal upon request.**

Name	Signature	Designation	Date

For Human Resource Use Only	
Date Entered : _____	Processed By : _____
Comments :	

Comment by Vice Chancellor: \_\_\_\_\_

Comment by Chancellor: \_\_\_\_\_

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Signature: