

Purva Khandesh Kushta Seva Mandal's
Chaitanya Ayurveda College & Hospital,
 Sakegaon- Bhusaval

Self-Assessment cum Performance Appraisal Form of Teachers

Part-1

A. General Information:

a) Name of Teacher (in Block Letters): DR. / VD.			
b) Date of Birth:		c) Age:	d) Blood Group:
e) Residential Address with pin code:			
f) Mob. No:		g) Email ID:	
h) College Address with pin code: <div style="text-align: center;">Chaitanya Ayurveda College & Hospital, Sakegaon- Bhusaval-425201 (MS)</div>			
i) Present Designation (Post):		j) Working Department:	
k) Subject:		l) Appointment dt. in the institution:	
m) Last date of promotion:		For the post of:	
n) NCISM Teacher Code No:		o) MCIM Registration No.:	

B. Academic Qualifications

Sr. No.	Examination Passed	Board/ University	Passing Year	Percentage /Division obtained
1	BAMS			
2	MD/MS			
3	Ph.D.			
4	Any Other Qualification			

C. Teaching Experience UG/PG – Till date

Sr. No.	Post	Period From-To	Duration	Total Experience
1	Assistant Professor			
2	Associate Professor			
3	Professor			
4	P.G. Teacher / Guide			
5	Ph.D. Guide			

D. Teaching Details

i) Work Load

UG & PG classes	Work load per week		Work load in the Academic year	
	Theory	Practical	Theory	Practical
PG Pre				
PG Final				

ii) Teaching Methodology (Use of ICT) –

iii) Details of University work:

CO/CI/Squad/ IVS/Sr. & Jr.Supervisor/Examiner/Paper Setters/Convener etc.

	Yes/ No	Remarks
a. University UG exam Work		
b. College Internal Assessment Exam work		
c. P.G. Guide : From Which Date:		
d. Ph.D. Guide:		
e. Number of Enrolled/Registered candidate		
f. Evaluation of PG Dissertation (MUHS)		
g. Other University work		

e. Academic Contribution

i) Published Research Papers (No. of Research Papers in Peer-Reviewed Journals (enclosed separate list if required) – Total No of Research Publication:

Sr.No	PubMed ID / ISSN. No.	Publication Type	Publication Title	Author-name	Journal-name

ii) Publication (other than research Paper) Articles, Books, Chapters etc.

Sr. No	UGC-CARE ID / ISBN NO.	Publication Type	Publication Title	Author-name

F. Details of Minor & Major Research Projects on Going (Enclosed separate list if required)

Name of the Principal Investigator	Title of the project	Name of the Funding agency	Type (Government/Non-Government)	Department of Principal Investigator	Funds provided (INR in Lakhs)

**G. Details of Seminars, Conferences, Symposia, Workshops, Webinar, CME etc.
attended (enclose separate list if required)**

Sr. No	Name	Organized by	Date From - To
1			
2			
3			
4			
5			

H. i) Details of Participation in FDP, Refresher course / T.T.T.

Sr.No.	Date	Name of FDP T.T.T. etc.	Venue
1			
2			

ii) Details of Invited for lectures/ Resource person/ by other institute

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I. Essay writing, Paper/Poster Presentation in Seminars, Conference

Sr. No.	Mode of Presentation	Name of Organizer	Date
1			
2			

J. Award/ Fellowship Details:

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K. Patent if any:

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L. Participation in Sports/ Cultural activities

Sr. No.	Name of Activity	Details

M. Innovative development/ Specific Contributions in Teaching-Learning pedagogy

1. Creation of ICT mediated teaching-learning pedagogy	
2. E-content development.	
a) Teaching methods. No. of PPTS - Videos- Online Lect.-	
b) Practical Laboratory experiments	
c) Field Work Visit	
d) Evaluation methods (Simulation Methods)	
e) Remedial Teaching-Test, tutorials	
f) Mentoring: No. of Students	
3. Design of new short term courses:	

N. Details of Extension Work, Community Service work (attached separate list if required)
Please give a short account of role played, your contribution to Community service - Such as Values of –

Sr. No.	Community Service work	Details of work
1	Blood Donation Camp	
2	Free Check-up Camp	
3	NSS	
4	Co-curricular Activities	
5	Enrichment of Campus (Sports, tree plantation, pollution free, energy saving, water conservation, waste management etc.)	
6	Students Welfare and Discipline	
7	Any other	

O. Details of Membership of Professional Bodies, organization, Editorship of Journals, BOS, Academic council of university. If any-

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P. Any other College students related activity information

1	College Committee	
2	NAAC	
3	NABH	
4	ISO	
5	Special Duty work assign	

Q. Self-Assessment as per SWOC –

Sr.No.	Self-Assessment	In Short / Precise
1	Strength	
2	Weakness	
3	Opportunity	
4	Challenges	

Date:

(Signature of the Teacher)

Name:

Mob No:

Part-2

Teacher's self –Assessment based on Academic Performance Indicators (API)

Sr. No.	API	Reference	Self-Appraisal score Maximum 10 marks	API score verified by committee Maximum 10 marks	Remark
1	Involvement in Exam duty work	D-iii			
2	Research paper in Peer-Reviewed journal (5-marks for one paper)	E-i			
3	Publications other than research paper (5-marks for one publication) Books, Article	E-ii			
4	Project completed / ongoing/ major & minor (5-marks for each Project)	F			
5	Seminar, workshop, CME attended (5-marks)	G			
	Paper-poster Presentation in seminar/ conference/ full paper in conference proceeding (5-marks)	I			
6	Invited for lectures/ Resource person/ (2-marks for each Activity)	H-ii			
7	Patent/ Awards/ Fellowship (5-marks for each)	K			
8	Involvement in Sports & Cultural Activity	L			
9	Community Service Work	N			
10	College students related activity (mentorship, NAAC, college committee, ISO work),	P			
Grand Total:			/100	/100	

Declaration

I Dr. _____ declare that the information provided in **Self-Assessment Cum Performance Appraisal Form of year-20 -20** is correct, as per records submitted to college and if the authority required the evidence, i.e. Research papers, Exam duty letters, Certificates, etc. it will be produced by me.

Date:
Place: Aurangabad

Signature of the Teacher

Date:
Place: Aurangabad

Signature of H.O.D.

Date:
Place: Aurangabad

Signature of IQAC Chairman

Principal
Chhatrapati Shahu Maharaj Shikshan Sanstha's
Ayurved Mahavidyalaya & Rugnalaya
Kanchanwadi, Aurangabad

गोपनीय अहवालाचे स्वयंमूल्यानिर्धारण अहवाल प्रपत्र

स्वयंमूल्यानिर्धारण अहवाल लिहिणा-या अधिका-यांना / कर्मचा-यांना सुचना

1. सर्व दैनंदिन कामांची यादी येथे देऊ नये. फक्त ठळक, वैशिष्ट्यपूर्ण व उल्लेखनीय कामगिरीचा उल्लेख करावा. संदिग्ध विधाने टाळावीत व नेमके विधान करावे.
2. तुमच्या कामगिरीबाबतचे तुमचे अभिप्राय दिलेल्या जागेवढेच मर्यादित ठेवावेत. काहीही सहपत्रे त्यास जोडू नयेत. ती गोपनीय अहवालाच्या नस्तीत ठेवली जाणार नाही व कर्मचा-यास परत करण्यात येतील.
3. “मी माझ्या वरिष्ठांचे समाधान / पूर्ण समाधान होईपर्यंत काम केले” किंवा “वरीष्ठांनी माझे काम नावाजले” अशी अशासारखी विधाने करू नयेत. अशी विधाने केल्यास ती दुर्लक्षित करण्यात येतील.
4. स्वयंमूल्यानिर्धारण अहवाल अधिकारी / कर्मचारी यांनी त्यांना प्राप्त झाल्यापासून 15 दिवसांच्या आत विभागप्रमुखांकडे द्यावा.

विभाग प्रमुखांना सुचना

1. गोपनीय अहवाल लिहितांना कर्मचा-यांचा भाग-3 मध्ये लिहिलेला स्वयंमूल्यानिर्धारण अहवाल विचारात घ्यावा व तसा तो घेतला गेला असल्याचा विशिष्ट उल्लेख गोपनीय अहवालात करण्यात यावा.
2. वरील सुचना क्रमांक 5 अनुसार स्वयंमूल्यानिर्धारण अहवालात प्राप्त न झाल्यास विभाग प्रमुख स्वतः गोपनीय अहवाल लिहू शकेल.
3. विभागप्रमुखांनी गोपनीय अहवालाच्या प्रपत्रात दिलेल्या पर्यायांपैकी एक पर्याय निवडून त्याभोवती वर्तुळ करावे. उदा. अ. क्र. 4 उद्योगप्रियता व कार्यतत्परता यासमोर उत्कृष्ट श्रेरे द्यावयाचे असल्यास ते खालीलप्रमाणे देण्यात यावेत.
अत्युत्कृष्ट उत्कृष्ट चांगले साधारण साधारणपेक्षा कमी
4. (अ) गोपनीय अहवालाच्या प्रपत्रातील बाब क्र.3,9,10,11 व 18 या समोरील श्रेरे तसेच प्रतवारी स्वतःच्या हस्ताक्षरात लिहावी.
(ब) प्रतवारी नमुद करताना ती अहवालातील रकान्यासमोरील अभिप्रायाशी मिळती-जुळती राहिल याची दक्षता घ्यावी.
5. प्रतिवेदन अधिका-याने आपली पुर्ण स्वाक्षरी करावी आणि त्याखाली स्वतःचे नाव हुद्दा हाताने लिहावा अथवा टंकलिखित करून घ्यावा.
6. प्रतिवेदन अहवाल शक्यतो हस्ताक्षरात लिहावा.
7. विशेष उल्लेखनीय अथवा प्रतिकूल (Adverse) नोंदी असल्यास त्यांचा उल्लेख, वेगळा उल्लेख केलेला नसला तरी करण्यात यावा.
8. सर्व चांगले / वाईट श्रेरे कर्मचा-यांस कळविण्यात यावे.

विभाग प्रमुखांना सुचना

1. अधिकारी / कर्मचारी यांच्या कामाबाबतची प्रतवारी लिहावी.
2. प्रतवारी नमुद करताना ती अहवालातील रकान्यांसमोरील अभिप्रायाशी मिळती-जुळती राहिल याची दक्षता घ्यावी.

SELF ASSESSMENT REPORT

1. Name : _____
2. Duration of Report : _____
3. Date of Joining (Present Post) : _____
4. a) Present Post : _____
b) Initial Appointment : _____
5. Date of Completion of Probation _____
6. Department : _____
7. Teaching Subject: _____
8. Workload Completed in Assessment Period:
 - a) Lectures : _____
 - b) Practical & Clinics: _____
 - c) Administrative Duties: _____
 - d) Hospital Duties : _____
 - e) Any other committee work (if allotted) : _____
9. Teacher-Guardian Workload (accomplished) : _____

10. Details of Leaves availed in Assessment Period:

C.L.	M.L.	E.L.	D.L.	Special	C-Off

11. Details of Non-sanctioned Leaves/L.W.P. (if applicable) :

12. University Exam. Results in Assessment Period: _____

13. Extra - Curricular & Social Activities (if any):

14. Post Graduate & Research work (If applicable)

15. Work as Guest Lecturer/Paper Presentation/Participation in Seminars & workshops:

16. Departmental Development work:

17. University Appointment/s in various capacities.:

STRENGTHS:-

WEAKNESSES :

Date :

Signature, Name, Designation of the Teacher

HEAD OF DEPARTMENT'S REMARKS

1) Do you agree with the opinions noted above ? : **Yes / No.**

2) If not, furnish the reasons: _____

H.O.D.

ESTIMATE OF GENERAL ABILITY AND CHARACTER OF TEACHERS

1. Name : _____
2. Period of Report : From: _____ To _____
(Date Month Year) (Date Month Year)
3. Post/Posts held : _____
4. Industry & Application : _____
5. Capacity to get work done by subordinates : Outstanding. Very good. Good Average. Below average
6. Relations with colleagues & public : Cooperative. Courteous. Helpful. Indifferent. Unfriendly.
7. General Intelligence : Very brilliant. Brilliant. Intelligent Average. Dull
8. Administrative ability including judgment, initiative and drive : Outstanding. Very good. Positively good. Good.
Average Below average
9. Technical professional ability: (Where relevant) : _____
10. Special attitude : _____
11. Integrity and character : _____
12. Whether powers delegated : Yes. Partly. No.
are fully utilized
13. Fitness for promotion : Unfit Fit in normal course fit
(according to seniority) accelerated promotion
14. Areas of training required : _____
15. State of Health : Not good. Good. Very good.
16. Fitness for field work : Yes No. Not relevant.
17. Willingness to work on computer : Yes No. Not Seen

18 General Assessment : _____

19. Grading (Write in handwriting): _____
A+(Outstanding), A(Very Good), B+(Positively good)
B (Good) B-(Average) C (Below average)

Place : _____

Signature, Name & Designation
Of the Principal

Date : _____

Remarks of the Reviewing Officer

1. Length of Service under Reviewing officer : _____
2. Do you agree with the Reporting Officer : _____
(If not, state specifically the remarks with which you do not agree or do you wish to modify or add to his assessment ?)
3. Grading : _____
(Write in handwriting):
A+ (Outstanding) A(Very Good), B+ (Positively good),
B (Good), B- (Average), C (Below average)

Place : _____

Signature, Name & Designation
Management

Date : _____