

BADNERA ROAD, AMRAVATI -444 701 (M.S.)

FACULTY
SELF APPRAISAL
FORM —Part -I

YEAR: 2020 - 2021

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Instructions:

The purpose of this form is to allow you to provide pertinent, factual information, evidence, and/or data pertaining to your performance of your responsibilities. The form should contain your self-evaluation to date. The report should be cumulative and based on your self-assessment of your performance of your duties.

GENERAL INFORMATION

	Name	:
	Department	:
	Designation	:
	Address	:
	Date of Birth	:
	Date, Designat	tion & Pay scale of first appointment in the college
		:
	Date of Promo	otion to Higher post, Designation & Scale
		:
I.	INFORM A REVIEW:	ACADEMIC ACHIEVEMENT IF ANY DURING THE YEAR UNDER
PRE	VIOUS RELA	TED EXPERIENCE:



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RESEARCH AND ALLIED EXPERIENCE: (Please mention Title of research work/thesis, Institution/organization where research work is carried out, etc.)

1.	Post-graduate/ Doctoral	:
2.	(In Journal, Conference	:
3.	Research Guidance to students (P.G.):	:
4.	Training / Workshop / Se (Specify sponsoring agen	eminar / Conference / Symposium Attended: (Presentations, if any) acy, place & date)
5.	Consultancy activities:	
6.	Sponsored research activ	ity:
	Area of consultancy	:
	Funding agency	:
	Amount of grant	:
	Commencement date	:
	Completion date / Status	:
7.	Membership of Scientific	e & Professional Bodies:
8.	Honors & Awards receiv	ed:



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CURRICULUM TEACHING: COURSES TAUGHT & EVALUATION

	Sessi	2014 - 2015)	Session (2		
					Name of the courses (subjects):
					Lectures/week:
					Tutorials/week:
					Practical lab./week.:
					Projects Hours/week:
					Feedback rating by students (%)
					University Result of Subject (%)
		utes/organization.	r Other institut	iversii	Designation
				:	Duration
				:	Average Hours/ Week:
			y) :	ion (it	Extra Remunerati
ourse material devel			actical (Meth	ory /	III.INNOVATIONS Mention The Hand-outs, N
ours			actical (Meth	ory /	Mention The



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COUNSELING WO	ORKS WITH STUDENTS:
IV. EXTENSION/ROLE PLAYI	DEVELOPMENT WORK, COMMUNITY SERVICE ATTENDED, ED, ETC.:
NSS	·
Relief work	:
Blood donation	:
Yoga / Spiritual	:
Any other	:
PARTICIPATIO	ON IN SPORTS/CULTURAL ACTIVITIES: (if any)
ANY OTHER IN	FORMATION WORTH MENTIONING LEFT OUT FROM I – X.
Date:	(Signature)
Submitted to Head	ds (H.O.D /Section I/C) for onward review, processing & record.
Note: Attach sepa	rate sheet if found necessary.



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PLEASE PROVIDE FOLLOWING INFORMATION:

Do you think your Position Description accurately describes your job? What do you believe your job should be, or what duties and responsibilities sl you have (or should not have) to make you or your job more effective? Describe your major accomplishments in the last year, if any. Academic: Administrative:
What do you believe your job should be, or what duties and responsibilities sl you have (or should not have) to make you or your job more effective? Describe your major accomplishments in the last year, if any. Academic:
Describe your major accomplishments in the last year, if any. **Academic : **Administrative :
Administrative :
Others (specify) :
What could you, your supervisor and/or the department do differently to help better perform your job?



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6.	What areas do you most need to improve?
7.	In what areas did you further your education or training last year?
8.	In what areas do you feel additional education, training/development would be beneficial?
9.	What other comments or suggestions should be addressed in this review?
The a	bove information is true and correct to the best of my knowledge & belief.
Date	: (Signature)
Subm	nitted to Heads (H.O.D /Section I/C) for onward review, processing & record.
Note:	: Attach separate sheet if found necessary.



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SUPPORTING STAFF SELF APPRAISAL FORM

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Instructions:

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Paste Your Passport Size Photograph here

I. GENERAL INFORMATION:

(a)	Name :		
(b)	Designation :		
(c)	Department :		
(d)	Address :		
(e)	Qualification :		
	Higher Educational Qualification obtained in the reporting year:		
(f)	Experience (in Years): at KGIET		
	Previous related experience (if any):		
(g)	Nature of appointment: Temporary / Regular		
(h)	Date, Designation and Pay-scale of first appointment in the college:		
(i)	Date of promotion to higher post/Current post, Designation and Pay-so	ale:	



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SELF APPRAISAL FO	DRM

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II.	TRA	ΔIN	IIN	GS

	(a)	Training programmes /	/ Workshops /	' Seminars	Attended
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SN Topic/Area		Vonus	Dura	ition	Sponsoring	
SIN	Topic/Area	Venue	From	То	Agency	

(b) Trainings / Workshops / Seminars Organized/Coordinated/Assisted:

SN Topic/Area		Vonus	Dura	ition	Sponsoring	
SIN	Topic/Area	Venue	From	То	Agency	

III. HONORS & AWARDS RECEIVED (IF ANY):

IV. ACADEMIC / CO-ACADEMIC / ADMINISTRATIVE / SUPPORTING
ACTIVITIES/ DUTIES PERFORMED: (For college/University, or Other institutes/orgns.)
(Activities like, NSS/NCC/University Theory/Practical Exam./ Sports/ Cultural activities/
University assignments / Relief Work/ Blood Donation/ Literacy Mission/ Yoga/ Spiritual/etc.)

SN	Name of activity	Designation	Nature of activity	Duration		Extra
				Number	Hours/Day	Remuneration
				of days		(if any) Rs.

V. INNOVATIONS/CONTRIBUTIONS IN LABORATORY/INSTRUCTION/OR IMPROVEMENT IN DEPARTMENTAL/SECTIONAL WORKING SYSTEMS:

(Mention Theory / Pract	tical -Methods, Experimen	t set-up, and Course mater	ial developed, etc.)

VI. ANY OTHER INFORMATION WORTH MENTIONING LEFT OUT FROM I –

Date: (Signature)

Submitted to Heads (H.O.D /Section I/C) for onward review, processing & record. *Note:* Attach separate sheet if found necessary.