

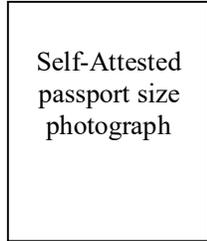
---

**SELF APPRAISAL FORM FOR FACULTY**

(Academic Session.....)

**A. General Information:**

- a) Name: .....
- b) Date of Birth: .....
- c) Designation: .....
- d) Department: .....
- e) Date of Appointment: .....
- f) Address (Residential)  
.....
- g) Email: ..... Contact no.: .....



**B. Academic and Professional Qualification:**

S. No	Degree/Award	Board/ University	Percentage	Passing Year	Distinction	Remark (if any)
1	Secondary					
2	Sr.Secondary					
3	Graduation					
4	Post-Graduation					
5	Ph.D					
6	NET/JRF/SRF					
7	Any Other					

**C. Teaching Experience (for ongoing academic session):**

a) Courses Taught (no of periods in one week)

S. No	Courses	Theory	Practical
	B.Ed .		

b) Other Responsibilities (in this academic session)

i. External Examiner (both Inside and outside University)

.....  
 .....

ii. Internal Evaluation

.....  
 .....

iii. Paper setting university level

.....  
 .....

**D. Improvement of professional competence**

a) Attended/participated till now excluding this academic session (Only total no.)

S. No	Event	Total Numbers
1	Refresher Course	
2	Orientation Course	
3	Special Course / School	
4	Conferences, Seminars and Workshops as Organizer	
5	Conferences, Seminars and Workshops as Presenter	

**E. Research Contributions:**

a) Supervised till now excluding this academic session

S. No	Course	Awarded	Submitted	Undergoing
1	Ph.D.			
2	M. Phil			
3	M.Ed Thesis			
4.	M.ED Projects			

b) **Research Projects Details**

S. No	Title	Funding Agency	Completion Date	Grant
1				
2				

c) **Publishing own journal (print/online) with the permission of higher authorities of institute.**

.....  
.....

**Academic Publication:**

a). **Detail of publications so far excluding this academic session (Total no. only):**

S. No	Published	Numbers
1		
2		
3		
4		

**F. Participation in Non-cognitive activities**

Please give a short account of your contribution to:

a) **Co-Curricular Activities**

.....  
.....  
.....

b) **Enrichment activities**

.....  
.....  
.....

c) **Mentoring and Tutorial**

.....  
.....  
.....

d) **Positions held/leadership role played in organization / extensions work**

.....

.....  
 .....  
 ...

Date.....

Signature of the Teacher

**Verification of factual Data by the Head of Department**

e) Teaching.....

f) Details of Innovations/Contribution in Teaching, During the year

.....  
 .....

g) Improvement of Professional Competence.....

.....  
 .....

h) Research Contributions.....

.....  
 .....

i) Extension Work/Community Service.....

.....  
 .....

j) Participation in Non-Cognitive Activities.....

k) Leadership Qualities.....

.....  
 .....

Date.....

Verification by the HoD/Principal

**Observations to be recorded by the Principal**

S. NO	STATEMENT	
1	Observations on the factual data supplied by the teacher.	
2	Professional competence evindanced.	

3	Punctuality and regularity.	
4	Participation in the departmental work.	
5	Relation with colleagues.	
6	Relation with Student.	
7.	On-line teaching Competency	
8.	Initiative and leadership	

**ASSESSMENT BY THE PRINCIPAL**

**(OUTSTANDING      /VERYGOOD      GOOD      AVERAGE      POOR)**

Date.....

**Signature of the Principal with Stamp**

Remarks of the Chairman/Secretary:

.....  
.....

Date.....

**Signature of the Chairman/Secretary**