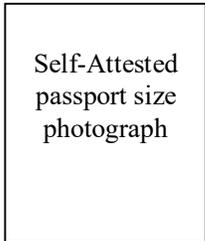


**SELF APPRAISAL FORM FOR Non-Teaching Staff**

(Academic Session.....)

**A. General Information:**

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



**B. Academic and Professional Qualification:**

S. No	Degree/Award	Board/University	Percentage	Passing Year	Distinction	Remark (if any)
1	Secundar					
2	Sr.Secondary					
3	Graduation					
4	Post-Graduation					
	Any Other					

- a) Office Responsibilities (in this academic session)
  - i. Administration and Admission

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ii. Accounts

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iii. Computer ,Library and store betc.

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iv. Examination

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V. Security,House-keeping and Transport

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**C- Improvement of job skills and 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	

b. Quaqlificationadded in this academic session.

S. No	Name of the qualification added
1.	

c. Additional outstanding Positions held/leadership role played in organization /

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Date.....

Signature of the Employee

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

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.....  
.....

Improvement of Professional Competence.....

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

Date.....

Verification by the HoD

**Observations to be recorded by the Principal**

S. NO	STATEMENT	ASSESSMENT (OUTSTANDING/VERYGOOD/ GOOD/ AVERAGE/ POOR)
1	Observations on the factual data supplied by the teacher.	
2	Professional competence evidenced.	
3	Punctuality and regularity.	
4	Participation in the departmental work.	
5	Relation with colleagues.	
6	Relation with Student.	
7.	Learning aptitude and computer competency	
8.	Initiative and leadership	

Date.....

**Signature of the Principal with Stamp**

Remarks of the Chairman/Secretary:

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Sign.of Chairman/Secretary

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