

Annual Self-Appraisal Form for Teaching Staff

FOR THE ACADEMIC YEAR: –

Part A: To be filled by Teacher.

1. General Information:

Name	
Address (Residential)	
Contact number	
Email address	
Designation	
Qualification Details	
Specialization	
Date of appointment in this institution	
Date of appointment in the present post	

2. Teaching Learning Process:

a. Courses / Subjects taught in the year concluded:

Course	Sessions Assigned (L+T+P)	Sessions Conducted	Deviation between planned and actual conduction in % (if any)

3. Evaluation Process:

Course	CCE used	Method	Planned Date	Actual Date	Rubric given (Yes/No) before evaluation

Innovative CCE method used apart from the methods mentioned by SPPU in its curriculum:

- a)
- b)
- c)

4. Improvement of Professional Competence:

Details regarding **FDP / Workshop / refresher courses / orientation program etc. attended** during the academic year:

No	Program details	Organizing Institute	Place and date
1			
2			
3			
4			
5			

5. Research Contributions:

- a. Number of students (Ph.D.):
 - i) Number of Students Registered during A.Y.:
 - ii) Number of Students Completed during A.Y.:.....

b. Research papers publication details:

Sr. No.	Title	National /International	Peer- reviewed, UGC care SCOPUS etc.	ISSN No.

c. Books / chapters in edited book /research paper published in conferences proceeding:

Sr. No.	Title	National /International	Publisher	ISBN No.

d. Patents taken, if any, during the year; give a brief description:

6. Other Contributions:

a. Co-curricular activities organized during the academic year:

- i)
- ii)
- iii)

b. Extra-curricular activities organized during the academic year:

- i)
- ii)
- iii)

c. Outbound activities/ outreach programs organized during the academic year:

- i)
- ii)
- iii)

7. General Data

Describe briefly about self-assessment of your performance during the year,

Declaration:

I hereby declare that the information given above is true to the best of my knowledge and belief.

(Name and Signature of the Teacher with date)

Part B: To be filled by Head of the Institute.

Remark of Head of the Institute:

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Signature of the HOI with date

Part C: To be filled in by Trust / Management Representative.

Remark of Head of the Institute:

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Signature of the Chairman / Secretary with date

SUDHAKAR JANARDHAN Digitally signed by SUDHAKAR
BOKEPHODE JANARDHAN BOKEPHODE
Date: 2024.02.23 13:21:20 +05'30'