



**10. UG / PG Results:**

Semester	Subject Name (UG and PG)	% Result
Odd Sem (W/____) (Current AY)	1.	
	2.	
Even Sem (S/____) (Immediate past AY)	1.	
	2.	

**PART B : ACADEMIC PERFORMANCE (CATEGORY : I)**

**TEACHING, LEARNING AND EVALUATION RELATED ACTIVITIES**

**(i) Lectures, Tutorials, Practical engaged (Provide semester-wise details)**

Sr. No.	Sem. (UG/ PG)	Course/Paper	Theory/ Tutorial/ practical	Total Number of contact hours as specified in syllabus	Number of hours actually engaged	% of classes and Practicals conducted (as per record)

Have you been assigned Teaching Load (excluding PG project) in excess of AICTE norms of the post you hold (if yes, specify no of excess hours):	Odd Sem (Current AY)	
	Even Sem (Current AY)	

**(ii) Reading / Instructional material consulted and additional knowledge resources provided to students.**

Sr. No.	Course/Paper	Consulted	Prescribed	Additional Resource provided if any

**[iii(a)] Compliance: Implementation of Participatory and Innovative Teaching-Learning Methodologies, Updating of Subject content, Course Improvement during the current Academic Year.**

Sr. No.	Description (As submitted in immediate past PBAS report)	Have you implemented as specified? If YES - give details else give reasons
1.		
2.		
3.		
4.		

**[iii(b)] Use of Participatory and Innovative Teaching-Learning Methodologies, Updating of Subject content, Course Improvement etc. planned during forthcoming Academic Year.**

Sr. No.	Short Description	Improvement Planned in AY _____
1.		
2.		
3.		
4.		

**PART B : ACADEMIC PERFORMANCE (CATEGORY : II)**  
**CO-CURRICULAR, EXTENSION, PROFESSIONAL DEVELOPMENT RELATED ACTIVITIES.**

Sr. No.	Type of Activity	Average Hrs/week
	<b>(i) Extension, Co-curricular &amp; field based Activities</b>	
1.		
2.		
	<b>(ii) Contribution to Corporate Life/ Management of the Institution/ Portfolios</b>	<b>Yearly/Semester wise responsibilities</b>
1.		
2.		
	<b>(iii) Professional Development Activities</b>	
1.		
2.		
	<b>(iv) Beyond Syllabus/ Additional activities in support of Teaching-Learning</b>	

**PART B : ACADEMIC PERFORMANCE (CATEGORY : III)**  
**RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS**

**A) Research Papers Published in peer reviewed journals:**

<b>Sr. No.</b>	<b>Title of paper with page nos.</b>	<b>Name of the Journal</b>	<b>ISSN / ISBN No.</b>	<b>State whether you are the First/ Second Author</b>	<b>Availability of paper in International journal data base (Google Scholar/ Scopus/ Web of Science/ Other(specify))</b>	<b>No of Citations/ H index/ I index (if any)</b>

**B.(i) Articles / Chapters published in Books :**

<b>Sr. No.</b>	<b>Title with page nos.</b>	<b>Book Title, editor &amp; publisher</b>	<b>ISSN / ISBN No.</b>	<b>No. of co-authors</b>	<b>State whether you are the main author (Yes/No)</b>

**B.(ii) Full Papers in National/International Conference Proceedings :**

<b>Sr. No.</b>	<b>Title with page nos.</b>	<b>Details of Conference publication</b>	<b>ISSN / ISBN No.</b>	<b>No. of co-authors</b>	<b>State whether you are the main author (Yes/No)</b>

**B. (iii) Books Published as Author or as an Editor:**

<b>Sr. No.</b>	<b>Title of the book</b>	<b>ISSN / ISBN No.</b>	<b>State whether you are the main author (Yes/No)</b>	<b>Name of the co-authors (if any)</b>

**C. Ongoing and Completed Research Projects and Consultancies (with grants) during current Academic Year.**

<b>Sr. No.</b>	<b>Title</b>	<b>Agency</b>	<b>Period</b>	<b>Grants/ Amount Mobilized (in Rs.)</b>	<b>Whether ongoing/ completed</b>

**D. Research Projects/ Proposals submitted to AICTE and other agencies during current Academic Year.**

<b>Sr. No.</b>	<b>Title</b>	<b>Agency</b>	<b>Duration</b>	<b>Expected Grant</b>

**(D) Research Guidance :**

<b>Sr. No.</b>	<b>PG/PhD</b>	<b>Number of students/ scholars enrolled</b>	<b>Thesis work ongoing</b>	<b>Thesis Submitted</b>	<b>Degree Awarded</b>
<b>1</b>	<b>PG Thesis</b>				
<b>2</b>	<b>PhD Thesis</b>				

**(E) (i) STTPs / Faculty development programs Organized as convener/ coordinator/ coordinator during current Academic Year.: 2020-21**

Sr. No	Name of the STTP/FDP	Date	Duration in weeks	Total Duration

**E(ii) STTPs / Faculty development programs attended during the year:**

Sr. No	Name of the course/Summer School	Organized by/ Place	Dates	Duration in weeks	Total Duration

**E (iii) Workshop / Technological programs/Teaching-Learning programs attended (less than one week duration)**

Sr.No.	Programme	Duration	Organised by
1			

**E (iv) MOOCS/ SWAYAM Courses attended & obtained certificate.**

Sr.No.	Programme	Duration	Organised by
1			

**(F) Papers presented in Conferences, Seminars, Workshops, Symposia:**

Sr.No.	Title of the Paper Presented	Title of Conference / Seminar	Organized by	Whether international / national / state / regional / college or university level

**(G) Invited Lectures and Chairmanships at national or international conference/ seminar etc.**

<b>Sr.No.</b>	<b>Title of lecture / Academic Session</b>	<b>Title of Conference / Seminar etc.</b>	<b>Organized by</b>	<b>Whether international/ national</b>

**PART C : OTHER RELEVANT INFORMATION**

**Give details of any other credentials, significant contributions, and award etc. not mentioned earlier.**

<b>Sr.No.</b>	<b>Details (Mention Year, value etc. where relevant)</b>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

**LIST OF ENCLOSURES: *(attach scanned copies of certificates, sanction orders, research papers, book chapters etc. wherever necessary)***

- 1.
- 2.
- 3.
- 4.
- 5.

## Declaration

I certify that the information provided is correct as per records available with the University and/or College.

<b>Signature and Name of the faculty →</b>	
<b>Date:</b>	<b>Academic Year:</b>

<b>Signature of the HOD with Date</b>	
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**PART D (Confidential)**

**FACULTY EVALUATION BY THE HEAD OF THE DEPARTMENT**

(To be Submitted to the Office on or before \_\_\_\_\_ )

Name of the Faculty: \_\_\_\_\_

a) State whether the facts stated in part A, B and C above are correct, if not, state the correct facts.

\_\_\_\_\_

b) Do you agree with the Performance based appraisal submitted by the teacher? If no, give reasons.

\_\_\_\_\_

c) Verification & Evaluation (Tick appropriate)

Category	Verification			Evaluation		
	Exaggerated	Correct	Partially Correct	Excellent	Very Good	Average
<b>I</b>						
<b>II</b>						
<b>III</b>	A					
	B					
	C					
	D					
	E					
	F					
	G					

d) Observations (Tick appropriate)

Parameters	Excellent	Very Good	Good	Average	Fair
<b>General Intelligence</b>					
<b>Teaching skills *</b>					
<b>Acceptance by students *</b>					
<b>Technical skills</b>					
<b>Administrative ability</b>					
<b>Ability to utilize delegated powers</b>					
<b>Self-motivation</b>					
<b>Leadership qualities</b>					
<b>Integrity and character</b>					
<b>Relationship with colleagues</b>					
<b>Relationship with superiors</b>					

\* based on visits to class room and students feedback in person colloques

**e) General Assessment**

<b>Name of the Faculty:</b> _____	
<b>Grade →</b>	
<b>Grades - Outstanding: A+, Very Good: A, Positively Good: B+, Good: B, Satisfactory: C+, Unsatisfactory: C</b>	

**f) Recommendations by HOD**

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**Date :**    /    /

**Signature of HOD**

**Observations of the Principal:**

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**Recommendations by Principal:**

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**Date :**

**Signature of Principal**

<b>For Office Use</b>
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