# PERI INSTITUTE OF TECHNOLOGY

# **Performance Appraisal for Faculty**

	For the period from.	to	
	filled by Department) Name of the faculty member (in Capital Letter)		
2.	Designation		
3.	Date of Birth		
4.	Educational Qualification Including professional and Technical Qualification		
5.	Date of Appointment to the Present		
PART (Self A	Assessment Report)		
For the	e period fromto (To b	e filled by the Teacher)	
1.	Name Designation (75 Marks)		

	ODD SEMESTER			EVEN SEMESTER		
S. No	Subject Name / Credit	Percentage	S. No	Subject Name / Credit	Percentage	
A	ASSESSMENT BY		A	SSESSMENT BY		
EVALUATOR				EVALUATOR		

•	Please Narr	ate any specific improvement shown by the studer	nt continuous n	nentoring (5
•	List out any	of four major contributions other than Academic	(Each carries	5 Marks)
	S.No	Major Contribution		
_				a
		D DEVELOPMENT ACTIVITIES: der and Post Graduate Projects guided	Numbers	Score
	(Each Carr	ries 2 Marks and Maximum 10 Marks)		
	Paper Publi	shed		
	(Give the 7	Citle, Co-Author if any and details of the journal)		
	_	earate Sheet) SCI Scopus 5 Marks and Maximum 25 Marks)		
3.	Contributio	n to Industrial Development in the form of		
٠.		y / Sponsored / R & D		
	(Each Carr	ries 5 Marks and Maximum 15 Marks)		
1.	Number of	projects guided for external completions		
	(Each Carr	ries 2 Marks and Maximum 10 Marks)		
í.	Number of	FDP attended		
	(Each Cari	ries 2 Marks and Maximum 10 Marks)		

6.	6. Number of Workshop attended (Each Carries 3 Marks and Maximum 15 Ma	rks, min 5 days)
7.	<ol> <li>No of online courses completed to enhance the teaching skills</li> <li>(Each Carries 5 Marks and Maximum 15 Ma</li> </ol>	
	Membership or fellowship professional academi (please give details in separate sheet if any) (5 M	
8.	8. Additional contribution which are not covered in of teacher's activates ( <b>5 Marks</b> )	the above and which are relevant for assessment
Q	<ol> <li>Any step taken resource generation. Give brief d</li> </ol>	escription (Attach separate sheet if needed)
	(10 Marks)	
Pla	Place: Sig	nature
Da	Date:	me in Block letters
	Des	signation
	Nai	me & Designation of reporting officer

#### **PART III**

### ASSESSMENT OF THE REPORTING OFFICER:

Length of services under the reporting officer

#### A. AVERAGE STUDENT FEEDBACK:

(10 Marks)

S. No	Subject Name	Ave. Feedback Score	Score

#### **B.** ASSESSMENT OF SUBJECT PREPARATION:

(Evaluated through HOD)

S. No	Assessment Items	Marks
1	Knowledge in the sphere of subject (5 Marks)	
2	Course material reference level of the faculty member (Assess through academic Audits) (5 Marks)	
3	Usage of teaching tools (Assess through continuous class room Audit) (10 Marks)	
4	Quality of content delivered (Assess through continuous class room Audit) (5 Marks)	

#### C. EVALUATE TEAM COOPERATION AND ATTITUDE OF FACULTY IN A 4 SCALE:

S No	Assessment Items	Marks
1	Readiness to follow instruction (5 Marks)	
2	Timely completion of allotted works (5 Marks)	
3	Accomplishment of individual with team of faculty (5 Marks)	

## D. ATTENDANCE OF PERSONAL DISCIPLINE

S.No	Assessment Items	Marks
1.	Numbers of leaves availed upto 12 CL (5 Marks), if more than 12 (0 Marks)	
2.	Number of Emergency leave availed upto 4 EL (5 Marks), if more than 4(0 Marks)	
3.	No of progress deviation upto 3 deviation (15 Marks), if more than 3 (0 Marks)	
4.	Assess the faculty in a 5 points scales towards his punctuality and general conduct (5 Marks)	

## **Consolidated Marks**

S.No	Specification	Actual Marks	Marks obtained
1.	ACADEMICS (I – 1,2,3. III – A,B)	120	
2.	R & D ( II – R & D 1 To 9)	115	
3.	OTHERS (II – 4, III – C & D)	65	
	Total	300	

Signature of reporting officer:	
Seal:	
Date:	

# PART IV (To be filled by the principal)

1	Length of service under the principal	Years
2	Are you satisfied that head of the department has made his/her report with due care and after taking into account all the relevant materials	YES / NO
3	Do you agree with the assessment of the faculty member given by the Head of department	YES / NO

Remarks about any meritorious work or otherwise of the faculty member:

Date:	Signature of the Principal
Place:	