

## Faculty Member's Self Appraisal Form

Name of Faculty Member.....

Department:.....

Designation:..... Year:.....

1. Academic Qualifications

(Mention if any additional qualification has been acquired during the year under review)

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2. Name of the courses taught during the year.

UG: .....

PG: .....

PhD: .....

3. Research Guidance (give brief description of each project and name the student (s) and Co-supervisor, if any. (Attach separate sheets, if needed).

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4. Publications: research paper, contribution to textbook, manuals (attach separate sheet, if necessary).

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5. Any contribution in

(a) Curriculum enrichment (b) Extra Curricular activities

(c) Community and Extension services, (d) Administrative

assignments (e) Any other

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6. Contribution through Special Lectures and organisation of Seminars, Symposium, CDE etc.

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7. Refresher or Orientation course ,faculty development program attended, during the year, give details.

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8. Membership or Fellowship of Professional / Academic bodies, societies etc. give details.

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## Instructions

Thoughtful self-evaluation can help improve teaching effectiveness. This evaluation is designed for that purpose. You are asked to look at your own performance as a faculty member. At your option, more items may be added. Use the back of this form for any written comments that might record any unusual circumstances that relate to your teaching performance.

Please use the following rating scale: 0 1 2 3 4 5

0 – Unable to judge.

1 – Needs improvement in performance.

2 – Meets expected performance criteria marginally.

3 – Meets expected performance criteria and has documented evidence of productivity.

4 – Exceeds performance criteria frequently and has documented evidence of productivity

5 – Exceeds expected performance criteria consistently and has documented evidence of productivity.

1. I prepare well-planned and organized presentations for each lecture.
2. I am confident of my comprehensive knowledge and mastery of the subject matter of each course that I teach.
3. I encourage critical thinking and analysis in my classes.
4. I encourage my students to seek my help outside of class on a regular basis; they need to support and enhance their academic success.
5. I serve competently in completing all departmental, College, and University responsibilities assigned to me.
6. I work cooperatively and effectively with departmental colleagues.
7. I maintain timely and accurate records on student performance and other kinds of required evaluation criteria set forth by the college, University, the department, accreditation agencies, etc.
8. I engage in professional activities that contribute to professional growth and improvement.

9. I demonstrate research skills by writing grants proposals and/or writing for publication.

10. I serve actively as a resource person for promoting oral health

Name in Block letters

Signature

Name and signature of HoD

## PERFORMANCE APPRAISAL – Non-Teaching Staff

Name.....

Department.....

Evaluation period.....

Date.....

### LEGEND

O - Outstanding

E - exceeds expectations

ME - Meets expectations

BE - Below Expectations

U - unsatisfactory

Sl.No.	Evaluation factors	SCORE
1	ADMINISTRATION	
2	KNOWLEDGE OF WORK	
3	COMMUNICATION	
4	TEAMWORK	
5	DECISION MAKING/PROBLEM SOLVING	
6	MANAGING CHANGE AND IMPROVEMENT	
7	PATIENT MANAGEMENT	
8	PERSONAL APPEARANCE	
9	PUNCTUALITY	
10	DEDICATION	
11	COOPERATION	
12	PERFORMS ASSIGNED DUTIES	

B . Employee strengths and accomplishments

C . Performance areas which needs improvement

D . Comments and Recommendations

This performance evaluation has been reviewed with me and I understand that I may attach my comments if required.

a. Employee.....

b. Evaluated by.....

c. Reviewed by.....