

ASM's Institute of Professionals Studies

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 Assigne (L+T+P)	ed 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	ISSN No.
			SCOPUS etc.	

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. Ex	tra-curricular activities organized during the academic year:
	i)	
	ii)	
	iii)	
	c. Ou	tbound activities/ outreach programs organized during the academic year:
	i)	
	ii)	
	iii))
7.	Gener	al Data
	Descri	be 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:

Signature of the HOI with date

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

Remark of Head of the Institute:

Signature of the Chairman / Secretary with date