

S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

SELF APPRAISAL FORM FOR FACULTY

YEAR:

GENERAL INFORMATION:

Name	
Qualification	
Department	
Designation [at the time of joining]	
Present Designation	
Date of joining the institution	

RESIDENTIAL ADDRESS: -

Phone No: _____

E-mail Id: _____

TEACHING EXPERIENCE DETAILS:

Sl. No.	Name of the institution	Designation	Period From- To
1			
2			
3			
4			
Total			

LEAVES AVAILED: (to be filled by office only)

Year	Total no. of working days	Leaves availed				Total leaves availed	On Duty Availed
		CL	AL	LOP	ML		

PARTICULARS OF MENTORING:

1	No of allotted students	
2	No. of students passed without any arrears	
3	Mention your actions to improve student's academic performance	
4	List of changes you witnessed among students	Positive: Negative:
5	Mention the best ways you can adopt to improve the students perspective to learn	

DEVELOPMENT ACTIVITIES:

Sl. No.	CRITERIA	DETAILS
1	Are you pursuing any higher studies	
	N:ame of Degree	
	Name of Institution	
	Probable year of completion	

2	Mention your contribution apart from teaching	For department	For institution
3	List out the possible contributions that can be made by you for the development in future.	For department	For institution

CO-CURRICULAR, EXTENSION AND PROFESSION RELATED ACTIVITIES:

Sl. No.	CO-CURRICULAR AND EXTENSION ACTIVITIES	API Score	Self-Appraisal Score	Verified API Score
1	Institutional Governance responsibilities like, a. Dean/ Vice Principal/ HOD (3points each) b. Warden : (2 points each) c. Member of other college committees (1point each)	10		
2	Membership in profession related committees at state/ national level a. At national level : 3points each b. At state level : 2 points each	10		
3	Participation in subject associations, conferences, without paper presentation (Each activity: 1 point)	5		
4	Participation in short term training courses not less than one week duration in educational technology, curriculum	5		

	development, professional development, Examination reforms, Institutional governance (each activity: 5 points)			
5	Membership of professional a. Associations committees b. Boards of Studies c. Editorial committees of journals /institutional Publications. (each activity: 2points)	5		

TRAINING COURSES AND CONFERENCE/SEMINAR/WORKSHOP PAPERS

	CO-CURRICULAR AND EXTENSION ACTIVITIES	Maximum score 30		
Research Methodology/ Workshops or CDE Programmes /Seminars & Symposia organized	National conference /Seminar / Symposia:	10 each		
	State level / university/ college level seminar /conference / symposia:	5 each		
	Research Methodology course (not less than three weeks)/ Workshops of not less than one week duration	20 each		
Papers in Conferences/ Seminars/ workshops (First author, corresponding author & mentor share 60%; all co-authors share 40%)	Participation and Presentation of research papers (oral/poster) in			
	International/ Foreign conference			
	National			
	Regional/State level			
	Local –University/ College level			
Invitations for conferences/ seminars/workshops /	International/ foreign	10 each		
	National	7.5 each		
Symposia to deliver lectures/and/or chair sessions	State level/ Regional	5 each		
	University/College level Endowment Lectures	3 each		

RESEARCH AND RELATED CONTRIBUTIONS

Research Publication in Journals

Faculty of Health Science	API Score	Self-appraisal score	Verified API score
Journals indexed in Pubmed/Scopus/Web of Science	10 each		
Journals indexed in others	5 each		

RESEARCH PROJECTS

	API Score	Self-appraisal score	Verified API score
Projects with grants from funding agencies	10 each		

RESEARCH GUIDANCE:

(The faculty is requested to come with the copy of the bonafide certificates for the submitted thesis at the time of verification)

Faculty of science	Maximum score 30		
	API Score	Self-appraisal score	Verified API score
M.D.S 5/ each candidate awarded degree; 2/each candidate submitted thesis			
Ph.D. Degree 10/ each candidate awarded degree; 7/ each candidate submitted thesis			

Total API score:
score:

Total Self-appraisal score:

Verified Total API

Signature

IQAC Coordinator

Principal

(For Office use only)

1. Increment	
2. Date of Increment	
3. Present Pay	
4. Proposed Pay	
5. Approval	