PERFORMANCE APPRAISAL OF FACULTY
INFORMATION FOR PERFORMANCE APPRAISAL TO BE SUBMITTED BY THE FACULTY
FORM - A PERFORMANCE APPRAISAL PERIOD From:
1. Name: K: Road hika 2. Designation: Assit Professor 3. Date of Birth: 3.1/1/1914
4. Qualifications: M. Marmacy 5. Department: Prozna Central Chemistor
5. Department: Pharma Cerefical Chemistor
6. Institute: Sanskrich' (d lege of pharmaly 7. Date of Joining the Institute: 3/1/2013
7. Date of Joining the Institute: $3/1/20/3$

(Attach extra sheets and any additional information wherever necessary using the following format)

1. Teaching load and Semester results

Sr. No	Semester (1/11)	B.Pharm/ M.Pharm/ Pharm D	Year	Course Name	No Engaged	of hrs. per week	Result (Pass %)
					L	Р	
1.	T	Bipharm	um	pharmaly practice	4	Ihr	90%
2.							
3.							
4.							
		art it but to					

L = Lecture & Tutorial; P= Lab /Practical

2. Research/Project guidance to students

Sr.No	Name of the Student	B.Pharm/M.Pharm Pharma D	Date of Registration	Current Status	Date of Submission
1. 2.	Navya Sri	Billiarnoug		complete	4/6/202
3.	agnesh	B. Pharmacy		completel	
4.	Shive	1		Cemplet	
	Raday	1			

3. Any Projects completed other than the student's projects

Sr.No	Project Title	External Funds Received Position	Sponsor	Date of Commencement	Duration (Years)	Status (Completed/ ongoing
		A CONTRACTOR	x v	s prindipal ofP	hannacy	
		Ha (1) Indepuesd	Mask	starti College att	(c., l.,	1

4. Innovations / Experiments introduced in the course

Sr.No	Semester	B.Pharm/ M.Pharm/	Program	Course	Innovation / Experiment
	(1/11)	Pharm D	Year	Name	introduced
1.					

5. Contribution in Curriculum & Course Development

Sr.No	Semester (1/11)	B.Pharm/ M.Pharm/ Pharm D	Year	Course Name	Contribution in Curriculum & Course Development
1.					
2.					
3.					
5.					

6. Intellectual Capital (Books / Articles/ Patents/ Talks)

Sr.No	Title	÷	Date	Location
1.				

7. Publications in Journals

Title	Author(s)	Journals/Conference Details/Published	Level (Internat ional/
	Title	Title Author(s)	Journals/Conference

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8. Organizing and participation in seminars/ workshops, special lectures, FDP's, Summer institutes

Sr.No	Title	Da	ate	Duration	Institution
L.	Five day	416	2020	AmReddy	Am Repty
2.	international			MemorialCity	
3.	online foculty			of Phopmany	Cullese of
4	Derflysment				pharman

9. Contribution to the corporate life of the Institute

- Give a short account of your contribution, during the year, to:
- a. Institution:
- b. Co-curricular activities:
- c. Enrichment of campus life (hostels, sports, games, cultural activities):
 d. Students' welfare and discipline:
- Membership/Participation in Bodies/Committees on Education and National Development:
 f. Professional Organizations of Teachers:

10. Membership or Fellowship of Professional /Academic bodies

Sr.No	Title	Institution	Year
1.			

I acknowledge that the above information is provided by me.

Signature of Employee	H.	Date 13/1 2024
Signature of Supervisor/HOD	1	Date
the IT		
Signature of Principal		Date
1500/ Sala	y is increased	Principal Principal ti College of Pharmary WYHJ 30 bur (V), Ghatkesar (M), chal Dist, PIN-E01201

PERFORMANCE APPRAISAL OF FACULTY
INFORMATION FOR PERFORMANCE APPRAISAL TO BE SUBMITTED BY THE FACULTY
<u>FORM - A</u> PERFORMANCE APPRAISAL PERIOD From:2.02.tTo:2.03.2.
I. Name: SHIVA SRIKRISHNA
2. Designation: ASSISTANT PROFESSOR
4. Qualifications: M. Pharmacy
5. Department: pharma centics
6. Institute: SAMSKRUTI COLLEGE OF PHARMACY.
7. Date of Joining the Institute: $02 - 02 - 2010$.

(Attach extra sheets and any additional information wherever necessary using the following format)

1. Teaching load and Semester results

Sr. No		B.Pharm/ M.Pharm/ Pharm D	Year	Course Name	No c Engaged p	of hrs. ber week	Result (Pass %)
	P				L	Р	
1.	I	m. pharmacy	1st	Modern pharmice	3 hows	3 hours	81
2.	11	M. plarmacy	1st	-tres -IL	3 hour	3 howas	84
3.							,
4.							

L = Lecture & Tutorial; P= Lab /Practical

2. Research/Project guidance to students

Sr.No	Name of the Student	B.Pharm/M.Pharm Pharma D	Date of Registration	Current Status	Date of Submission
1.	V. pravallika	B. pharmacy	January 2021	completed	July 2021.
2.	L. Parashuram	M. pharmacy	January 2020	Completed	January 2021.
3.					
4.					

3. Any Projects completed other than the student's projects

Sr.No	Project Title	External Funds Received	Position	Sponsor	Date of Commencement	Duration (Years)	Status (Completed/ ongoing	
1.			COLT Kond Kond R.R. I	Dist. Hvd	Samskin Konr Med	Princi uti Collogi tar inty of stall i för p	e of Pharm atkesar (M).	1

4. Innovations / Experiments introduced in the course

Sr.No	Semester	B.Pharm/ M.Pharm/	Program	Course	Innovation / Experiment
	(I/II)	Pharm D	Year	Name	introduced
L.					

5. Contribution in Curriculum & Course Development

Sr.No	Semester (I/II)	B.Pharm/ M.Pharm/ Pharm D	Year	Course Name	Contribution in Curriculum & Course Development
2.					
3.					

6. Intellectual Capital (Books / Articles/ Patents/ Talks)

Sr.No Title	D
	Date Location

7. Publications in Journals

Sr.No	Title	Author(s)	Journals/Conference	
			Details/Published	Level (Internat
1.				ional/
2.				
3.				
4.				
5.		cams		
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8. Organizing and participation in seminars/ workshops, special lectures, FDP's, Summer institutes

Sr.No		Date	Duration	Institution
ð.	6th National Conference DN Trending Reschicker Entropolition the pharmaceus	21nd & 23rd July 2022	2 days	Anung University
2	Quality Attributes to strates in ingrove ment of facility production by	3.8.2021 to	5 days	Svi ventafectivery
3	of faculty production by	7-8.2021		allegent plurmacy, orderelad

9. Contribution to the corporate life of the Institute

Give a short account of your contribution, during the year, to:

a. Institution:

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- b. Co-curricular activities:
- c. Enrichment of campus life (hostels, sports, games, cultural activities):
- d. Students' welfare and discipline:
- Membership/Participation in Bodies/Committees on Education and National Development:
 Professional Organizations of Teachers:

10. Membership or Fellowship of Professional /Academic bodies

Sr.No	Title	Institution	Year
1.	Life Member	APTI	From 2009 Orwards.

I acknowledge that the above information is provided by me.

Signature of Employee S. Shikrisha	Date 09-02.2022
Signature of Supervisor/HOD	Date
Signature of Principal	Date
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THANKS R.R. D	sar (M) st. 11vd. 22 - mskritile (V) ist. Phi st. 11vd. 22 - mskritile (V) ist. Phi Medenal Dist. Phi