

SELF-APPRAISAL FORM FOR TEACHING FACULTY

(Questions are formulated to assess your views / thinking / decision making power, read them carefully and answer without bias)

ACADEMIC YEAR:

(To be filled by each faculty member: Please attach extra sheets wherever required)

1. Name.....
2. Date of Birth..... Age.....
3. Designation..... Department.....
4. Date of joining the College..... Date of joining the Present Post.....
5. Academic Qualification.....
6. Subject of Interest / Specialization.....
7. Details of Teaching Experience:

	With B.Tech Qualification	With M.Tech Qualification	With P.hD Qualification	Total
Before Joining SCET				
After Joining SCET				
Total				

8. Work load/week in Hrs: - SEM – I (20-21). a) Theory..... b) Practical/Project..... c) Total.....
- SEM – II (20-21).a) Theory b) Practical/Project c) Total

9. Subjects Handled & Pass Percentage: SEM –I – (Nov / Dec - 2020)

THEORY

Sl. No.	Class	Subject Code & Title	Appeared	Passed	% Result	Students Feedback Rating


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LABORATORY:

Sl. No.	Class	Subject Code & Title	Appeared	Passed	% Result	Students Feedback Rating

10. Subjects Handled & Pass Percentage: SEM -II (April / May - 2021)**THEORY**


Sl. No.	Class	Subject Code & Title	Appeared	Passed	% Result	Students Feedback Rating

LABORATORY:

Sl. No.	Class	Subject Code & Title	Appeared	Passed	% Result	Students Feedback Rating

11. Project Guidance:

S.No	Project Title	Mini/ Major Project


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12. Publication of Research Papers in Reputed Journals / International Conferences/Patent
(Attach a copy of the publication)

Sl. No.	Title of the Paper	Date / Month / Year	Name of the Journal / Conference	Name and Place / Volume No. Issue No. & Page No.	SCI/SCOPUS/UGC

13. Participation in Workshops / Conferences / FDP's / STTP's / Seminars and Special Programs, if any

Sl. No.	Title of Workshop / Conference / Seminar / FDP / STTP / Special Programs	Dates	No. of Days	Organization	Have you submitted the report

14. Membership in Professional Bodies

Sl.No.	Name of the Professional Body with Address	Annual / Life Member	Membership No.

15. INVEST IN YOURSELF

(Details of the Online Courses Completed)

Sl. No.	Title of the Course	Start Date	End Date	Number of Weeks	Platform	Date of Exam	Have you Received the Certificate (Yes / No)

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* Specify the Outcome and achievements of any.

16. Are you improving your Qualification: Yes / No

If Yes, provide the following details:

Sl. No.	Degree Registered	Specialization	University	Duration	Status	Whether obtained NOC from the Institution

17. Contribution for the Development of the Department / Institution

A) Organizing Workshops / Conferences / Seminars / Guest Lectures / Symposium / Special Programs, If any

Sl. No.	Title	Period	Details of the Resource Person	For whom the program is organized	Specify the Outcome of the event

B) Contribution towards submission of Funding Proposal / Testing & Consultancy*

Sl. No.	Specify your role (PI / CO-1)	Funding Agency & Scheme	Project Title	Fund Requested in Rs.	Date of Submission	Status / Outcome of the Proposal

C) Involvement in Placement Activities/ Department Development/ Students Welfare/ Mentoring / Counseling / Special efforts, if any

Sl.No.	Description of Activity	Specify your role	Outcome of this activity	Whether records are maintained

D) Contribution towards ISO /NAAC/ NBA / Lab Development / Special efforts as a Class Advisor & Academic Coordinator





Sl. No.	Specify Your role	Description	Highlight the Outcome

E) Contribution towards R&D / EDC / SIC / Alumni / IIPC / Sports / NSS / Others, if any (Points are based on the performance status with evidence)

Sl. No.	Specify Your role	Description	Highlight the Outcome

F) Specify your Role / Contribution, if any other than the above

Declaration

I certify that the details given above are correct to the best of my knowledge and belief.

Date:

Signature of the Faculty



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Assessment of faculty member by HOD/Principal

1	Initiative: a self starter, able to work without constant supervision	
2	Responsibility. Understands duties; accepts responsibilities readily	
3	Punctuality: arrives on time. Generally available for students during working hours.	
4	Committed to his/her work.	
5	Loyalty: supports and follows institute's policies and guidelines.	
6	Oral & Written Communication.	
7	Willingness to accept new tasks and effective completion.	
8	Relationship with fellow faculty and staff	
9	Relationship with students	

HOD

Principal's Remarks:

His / Her contribution to be appreciated and recommended / Satisfactory performance / Potential underutilized / Counseling is required / Performance improvement is desired / to be warned.

Any other remarks / directives

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Date:

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