

## Faculty: Self Appraisal/Evaluation

### I. Personal

1	Name				
2	Designation				
3	Department				
4	Date of Joining				
5	Appraisal Year				
6	Qualifications	Degree	Grade/ %	Discipline	Institution/University
7	Experience	Period		Designation	Organization

### II. Class Room Teaching (Only theory Subjects)

Sl No	Course/Subject handled	Class	Hrs Planned	Hrs Taken	Expected Pass %	Remarks on students' attendance and performance
1						
2						
3						
4						

Self-Assessment on Appraisal (Please list the major points in which you are weak)		Action plan for improvement
1		1
2		2
3		3

**Innovative Practices followed in the course**

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**III. Students Projects guided**

<b>SlNo</b>	<b>Period</b>	<b>Project description</b>	<b>Features</b>
1			
2			
3			
4			
5			

**IV. Additional responsibilities in College (T&P, NSS, IEEE, IEDC, Clubs, Startup etc.)**

<b>SlNo</b>	<b>Period</b>	<b>Type of Responsibility</b>	<b>Contribution</b>
1			
2			
3			
4			
5			

**V. Research, Publications and Academic Contributions**

**a. Technical Papers/Books Published**

<b>Sl. No</b>	<b>Month &amp; Year</b>	<b>Title</b>	<b>Journal/ Book etc</b>	<b>Reference</b>
1				
2				
3				

**b. Papers presented in Conferences, Seminars etc.**

<b>Sl.No</b>	<b>Month &amp; Year</b>	<b>Title</b>	<b>Event</b>	<b>Place</b>
1				
2				
3				
4				
5				

**c. FDPs attended**

<b>Sl. No</b>	<b>Period</b>	<b>Title</b>	<b>University/Institution</b>	<b>Duration</b>
1				
2				
3				

**d. Research works carried out/perusing**

<b>Sl.No</b>	<b>Month &amp; Year</b>	<b>Title</b>	<b>University/Institution</b>	<b>Stage</b>
1				
2				

**VI. Professional Membership**

<b>Sl. No</b>	<b>Agency</b>	<b>Membership Type</b>	<b>Membership No</b>	<b>Validity</b>
1				
2				
3				

**VII. Major Events Organized (FEST, Seminars/Workshops etc.)**

<b>Sl. No</b>	<b>Period</b>	<b>Description</b>	<b>Role</b>

**VIII. Additional Skills/Knowledge Acquired**

1	
2	
3	

**IX. Any specific Complaints on your performance by students/colleagues**

1	
2	
3	

**X. Any specific Appreciations on your performance by students/colleagues**

1	
2	
3	

**XI. Please rate on the following (on a scale of 1-10):**

Loyalty to the Profession	
Involvement in the Profession	
Availing Leaves	
Satisfaction on working Environment	
Satisfaction on your Performance	
Satisfaction about the Facilities	
Satisfaction on your Abilities	

**XII. In completing the following self-assessment, please use the following scale:  
N - Never, S - Seldom, P - Periodically, C - Consistently**

<b>Organization of Lecture</b>	<b>How Often?</b>
Begins and ends class on time	
Relates this and previous class(s) or provides students with opportunity to do so	
Provides and follows an outline or organization for the class session	
Conveys the purpose of each class activity or assignment	
Summarizes periodically throughout and at end of class or prompts students to do so	
Previews by connecting current content to future classes	

<b>Presentation Skills</b>	<b>How Often?</b>
Communicates audibly and clearly	
Establishes and maintains eye contact with students	
Varies pace and tone to keep students alert	
Uses positive and appropriate humor	
Incorporates various instructional supports (diagrams, ppts)	
Handouts (easy to follow)	

<b>Faculty Student Interaction</b>	<b>How Often?</b>
Attends respectfully to student comprehension	
Asks questions to students that challenge them to think more deeply	
Invites student participation and comments	

Incorporates student responses when appropriate	
Encourages students to respond to their peers throughout the discussions	
Treats students with respect	
Encourages students to interact civilly/respectfully with each other	
Addresses potentially disruptive behaviors before they impact	

**XIII. What went well in the Classes that you handled?**

**XIV. How might you improve on your current teaching practices?**

I hereby certify that the information provided above is correct and the supporting documents are held by me.

Place:

Signature:

Date:

Name:

**Remarks by HoD**

Place:

Signature:

Date:

Name:

**Remarks by IQAC Coordinator**

Place:

Signature:

Date:

Name:

**Remarks by Principal**

Place:

Signature:

Date:

Name: