



SINHGAD TECHNICAL EDUCATION SOCIETY
S. No. 44/1, Vadgaon (Budruk), Off Sinhgad Road, Pune - 411 041.

PERFORMANCE APPRAISAL - TEACHING STAFF

NAME OF THE INSTITUTE : _____
PERIOD OF ASSESSMENT
Academic Year : _____

PART - A : SELF APPRAISAL

1. Name : _____
2. Designing : _____
3. Date of Birth : _____
4. Qualification : a) Academic :

	Graduate	Post Graduate	Doctorate
Degree			
Class Obtained			
% of Marks			

- b) Professional : _____
5. Experience (No. of Years) : a) Teaching : _____
(i) Graduate Level : _____
(ii) Post-Graduate Level : _____
(iii) Diploma Level : _____
(iv) School Level : _____
b) Professional/Industrial : _____
c) Counseling : _____
d) Research : _____
e) Any Other : _____

6. Status of Approval from University of Pune/BTE : Position for which : Permanent/Temporary approval is obtained
a) If Temporary Duration _____
b) Condition if any _____

7. Subject Taught : Course/Class _____ Subject _____
i) _____
ii) _____
iii) _____

8. List of Publications

a) Papers Published in National/International Seminars/Conferences during academic year :

b) Books Published during academic year : _____

9. Seminars/Conference Attended (Give details in brief) : _____

10. Any Special Achievements : _____

11. Membership of Professional Bodies : _____

12. Participation in Institutional Activities : _____

13. Contribution in Administrative Work : _____

14. Course Material Prepared (attach course material) : _____

15. Contribution in developing new syllabus for fully Internal subjects/Revised Syllabus : _____

16. No of case studies prepared (during period under review attach Case Studies) : _____

17. Any other information not covered above : _____

Signature & Date
(Individual Reported Upon)

PART - B
PERFORMANCE APPRAISAL

1. Result of University Board Level Examinations in the subjects taught

Class	Subjects Taught	Semester	% of Passing

2. Average Attendance of the students in the class (Percentage) : _____

3. Students feedback : _____

4. Attendance : _____

No. of days : % attendance

(a) Casual Leave : _____

(b) Medical Leave : _____

(c) PL / EL : _____

(d) Other Leave : _____

(e) Leave Without Pay : _____

5. Punctuality : _____

6. Relations with Colleagues : _____

7. Proficiency in subject of Specialisation : _____

8. Integrity & Character : _____

9. Initiative : _____

10. Organising ability : _____

Overall assessment with Grading

(Out standing - 10 to 09)

(Good - 06 to 05)

(Below Average - 03 & Below)

(Very Good - 08 to 07)

(Average - 04)

Any Special Remarks : _____

Name : _____

Signature of Initiating Officer
(H.O.D./Dy Director/Vice Principal)

Date : _____

(CONFIDENTIAL)

(4)

REMARKS - REVIEWING OFFICER

11. Length of Service Under Reviewing Officer : _____

12. Do you agree with Initiating Officer : _____

(If not state specially the remarks
with which you do not agree or do you
wish to modify or add to his assessment) _____

13. Grading :
 (Out standing - 10 to 09) (Very Good - 08 to 07)
 (Good - 06 to 05) (Average - 04)
 (Below Average - 03 & Below)

14. Any Special Remarks : _____

Name : _____

Signature of Reviewing Officer
(Director / Principal)

Date : _____

FINAL REVIEW BY PRESIDENT

(Applicable to Principals / Directors and Direct Reportees to President)

President

Date : _____

(CONFIDENTIAL)