

6.3.5.A. Self-Appraisal Formats for Teaching and Non-Teaching Staff

6.3.5.A. Self-Appraisal Formats for Teaching Staff

Appendix-II

Sant Gadge Baba Amravati University, Amravati. PBAS Proforma for Promotion under CAS (PART A, PART B & PART C)

(For Teachers other than Physical Education Persons and Librarians)

2018-19

PART A: GENERAL INFORMATION

	me (in Block Letters) ther's/Husband's Name	: :		
3. Dej	partment	:		
4. Cu	rrent Designation & Gr	ade Pay :		
	te of last Promotion lress for correspondenc	: re (with Pin code) :		
	manent Address (with I ether acquired any deg		nic qualifications durin	ng the year : No
9. Aca	demic Staff College Or	ientation / Refreshe	r Course attended duri	ing the year : Nil
Sr. No.	Name of the Course / Summer School	Place	Duration	Sponsoring Agency
				Signature of teache

<u>PART B : ACADEMIC PERFORMANCE INDICATORS CATEGORY : I</u> <u>TEACHING, LEARNING AND EVALUATION RELATED ACTIVITIES</u>

I. Direct Teaching (Lectures/ Practicals/ Tutorials/ Field Work / Project Supervision taken should be based on verifiable records.).

SN	Course/Paper	level	Mode of teaching*	Hours allotted per week	Percentage of lectures engaged/ conducted	Gradin g	Proof Document**
	Odd Semester						
1							
2							
3							
4							
5							
6							
	Even Semester						
7							
8							
9							
10							
	1		ı				

^{*} Lecture (L), Tutorial (T), Practical (P), Field Work (FW), Project Supervision (PrS) **Grading Criterion:-** 80% and above – Good; Below 80% but 70% and above- Satisfactory; Less than 70%- Not satisfactory.

Overall Grading (Category : I)	GOOD
X7 'C' 1 1C 1	Signature of Teacher
Verified and found correct:	
	Signature of V.C./H.O.D./Principal
	Signature of V.C./11.O.D./11mcipal
Final Score approved by the Screening / Selection Co	ommittee :
(For Category : I)	
	~
	Signature of Chairman
	Signature of Chairman Screening / Selection Committee

^{**}As per table under the document Annexure I (A)

PART B: ACADEMIC PERFORMANCE INDICATORS CATEGORY: II

INVOLVEMENT IN ADMINISTRATIVE, EXAMINATION, CO-CURRICULAR, EXTENSION AND PROFESSIONAL DEVELOPMENT RELATED ACTIVITIES

II i. Administrative Responsibility.

Sr. No.	Responsibility	Nature of Work	Grading	Proof Document**
1.				
2.				
3.				

II ii. Contribution to corporate life through committees and duties assigned by the authority.

Sr. No.	Responsibility	Nature of Work	Grading	Proof Document**
1.				
2.				

II iii. Examination Work:

Sr. No.	Responsibility	Nature of Work	Grading	Proof Document**
1.				
2.				
3.				
4.				

II iv. Discipline related co-curricular activities:

Sr. No.	Responsibility	Nature of Work	Grading	Proof Document**
1.				
2.				
3.				
4.				

II v. Other co-curricular activities:

Sr. No.	Responsibility	Nature of Work	Grading	Proof Document**
1.				
2.				
3.				
4.				

II vi. Extension and dissemination activities:

Sr. No.	Responsibility	Nature of Work	Grading	Proof Document**
1.				
2.				
3.				

II vii. Institutional governance:

Sr. No.	Responsibility	Nature of Work	Grading	Proof Document**
1.				
2.				
3.				

II viii. Conduct of Lectures:

Sr. No.	Responsibility	Nature of Work	Grading	Proof Document**
1.				
2.				
3.				

II ix. Participatory and Innovative Learning:

Sr. No.	Responsibility	Nature of Work	Grading	Proof Document**
1.				
2.				
3				

II x. Evidence of actively involved in guiding Ph.D. students:

		No of Students Awarded Ph.D. Degree	Grading	Proof Document**
1.				

II xi. Conduct of Research Projects:

Sr. No.	U	L "	 Approved	Name of Funding Agency	 Proof Document* *
1.					

Grading Criteria:- Good - Involved in at least 3 Activities; **Satisfactory**- 1-2 activities and **Not-satisfactory** - Not involved/ undertaken any of the activities.

^{**}As per table under the document Annexure II (A)

Overall Grading (Category : II)	GOOD
T. 100 J	Signature of Teacher
Verified and found correct :	
	Signature of V.C./H.O.D./Principal
	G ***
Final Score approved by the Screening / Selection	Committee:
(For Category: I)	
	Signature of Chairman
	Screening / Selection Committee

<u>PART B: ACADEMIC PERFORMANCE INDICATORS CATEGORY: III</u> <u>RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS</u>

A. Research Papers publication:

Sr. No.	Title with page nos.	ISBN No.	authors	you are the main author	Referee d /	
1.						
Total						

III B.a. Publications other than journal articles (books, chapters in books):

No.	editor &	Publication International / National/ Local	ISBN	author s	Whether you are the main author	Score	Proof Document **
Total						36	

III B.b. Publications in the form of Cassettes/CDs/DVDs, Tracks published/ Recorded:

No.	Cassettes/CDs/DVD s, Tracks published/ Recorded		Internationa l/ National/				Score	Proof Document **	
1									
Total	Total								

III B.c. Publications in the form of individual Cassettes/CDs/DVDs, Tracks published/ Recorded:

Sr.	Individual	Company	Publication	Whether approved	API Score	Proof
No.	Cassettes/CDs/DVD s,		International/	by University		Document
	Tracks published/		National/ Local			**
	Recorded					
1						
Total						

III C. CREATION OF ICT MEDIATED PEDAGOGY AND CONTENT AND DEVELOPMENT OF NEW AND INNOVATIVE COURSES AND CURRICULA

Sr.	Innovative Pedagogy/	Name of	Authority	Publisher	Course	API	Proof
No.	New Curricula/	Activity	Concern		Credit/	Score	Docume
	Courses/ MOOCs/ E-				Module		nt
	Content						**
	Content						
1							
Total							

III D.a RESEARCH GUIDANCE:

Sr. No.	Number Enrolled	Thesis Submitted		Proof Document* *
M. Phil.				
Ph. D.				
P.G.				
Dissertation				
Total				

III D.b RESEARCH PROJECTS COMPLETED:

III D. b (i). Sponsored Projects:

Sr. No.	Title	Agency			Document	Proof Document* *
1				iakii)		
2						
	Total	1	1	•	•	

III D.b (ii). Consultancy Projects:

	Title	Agency	Period	Grant /	Policy	API	Proof
Sr.				Amount	Document	Score	Document*
No.				Mobilized	Generated		*
				(Rs lakh)			
1							
Total							

III D.c ONGOING RESEARCH PROJECTS:

III D.c (i). Sponsored Projects:

Sr.	Title	Agency	Period	Grant / Amount	API	Proof
No.				Mobilized (Rs	Score	Document
				lakh)		**

1				
	Total			

III D. c (ii). Consultancy Projects:

Sr. No.	Title	Agency			Score	Proof Document **
1						
Total						

III E.a Patents Awards:

Sr. No.	Title of Patents	Award conferring Organization	National/ International	Patent Number	API Score	Proof Document**
1						
2						
3						
Total	 					

III E. b Policy Document:

Sr. No.	Title of Document	Policy Document Submitted to	International/ National/ State Government/ Central Government		Proof Document**
1					
2					
3					
Total					

III E. c. Fellowships and Awards:

Sr. No.	Fellowship/ Award	Award conferring Organization	Organized by	Whether international / national / state / regional / college or university level	Proof Document**
1					
Total					

III F. Invited lectures / Paper delivered in conferences / seminars:

	Invited Talk/ Paper presented	Title of Conference / Seminar	Event Organized by	Whether International National / State / Regional / College or University level	API Score	Proof Docum ent**	
1.							
2.							
3. 4.							
5.							
6.							
Total							
Note:							
Total	Score (Category: III))					
Verifi	ied and found correct:			e of Teacher e of V.C./ Principa	 ıl / H.O.	.D.	
Final Score approved by the Screening / Selection Committee : (For Category :III)							
				e of Chairman ag / Selection Com	mittee		

IV. SUMMARY OF GRADES/ API SCORES

Category	Criteria	Last Academic.	GRADES / API	Annual API Score for Category III Only
	Assessment Criterion for Teaching, Learning and			
	Evaluation Related Activities			
	Involvement in Administrative, Examination, Co- curricular, Extension and Professional Development Related Activities			
III	Research and Academic Contribution			

	Signature of Teacher
Verified and found correct:	
	Signature of V.C./ Principal / H.O.D.
	Signature of Chairman Screening / Selection Committee

PART C: OTHER RELEVANT INFORMATION

Please give details of any other credential, significant contributions, awards received etc. not mentioned earlier.

Sr.No.	Details (Mention Year, value etc. where relevant)
1	

^{*}Annexure-IV

LIST OF ENCLOSURES: (Please attach, copies of certificates, sanction orders, papers etc. wherever necessary)

Ι.

certify that the information provided is correct as per records available with the University / College and / or documents enclosed along with the duly filled PBAS proforma.

Signature of the faculty with Designation, Place & Date

Signature of V.C./ School Chairperson / Principal / HOD

N:B: The Annual Self-Assessment proforma duly filled along with all enclosures, submitted for CAS promotions will be verified by the university/college and information filed with the IQAC.

Name: Designation: Assessment Year:

EVALUATION BY THE HEAD OF THE DEPARTMENT OR PRINCIPAL.

- a) State whether the facts stated above are correct, if not, state the correct facts.
- b) Do you agree with the Performance based appraisal done by the teacher ? if not, give reasons why you do not agree.

Verification & Evaluation in respects of Grades/ API.

Item	Correct	Exaggerated	Excellent	Very Good	Average
Category I			V		
Category II			√		
Category III			√		
A					
В					
C					
D					
E					

A)	General Intelligence	: Excellent
B)	Capacity to get work in Respect of research & teaching	: Excellent
C)	Technical Ability	: Excellent

D) Administrative ability including Judgment initiative

and drive (if applicable) : Excellent
E) Integrity and Character : Excellent
F) Whether powers delegated are Fully utilized : Excellent

G) General Assessment: *A+= Outstanding

* A+ = Outstanding, A = Very Good, B+ = Positively Good, B = Good, C+ = Satisfactory, C

= Not Satisfactory (* Strike out which is not applicable.)

Place : Amravati Date:	
Observation of the Reviewing Officer (Vice-Chancellor):	Signature of Reporting Officer
Place : Amravati	

Place : Amravati Date

Signature of Reviewing Officer



6.3.5.A. Self-Appraisal Formats for Teaching and Non-Teaching Staff

6.3.5.A. Self-Appraisal Formats for Non-Teaching Staff

गोपनीय अहवाल नमुना

वरीष्ठ महाविद्यालयातील शिक्षकेत्तर कर्मचाऱ्याकरीता स्टॅन्डर्ड कोड १९८४ मधील तरतुदीनुसार (गोपनिय अहवालाचा नमुना) वैयक्तीक माहिती-

१) पुर्ण नांव	:-	
२) वडीलाचे नांव	:-	
३) जन्म तारीख	:-	
४) जन्मस्थान	:-	
५) राष्ट्रीयत्व व धर्म	:-	
६) जात / संवर्ग	:-	
७) पदनाम	:-	
८) शैक्षणिक पात्रता	:-	
९) सध्याचे पदावर रुजू झाल्याचा दिनांक	:-	
१०) महाविद्यालयाचे नांव	:-	
११) एकुण सेवा काळ	:-	
१२) वेतन श्रेणी	:-	
१३) सध्याचा पत्ता	:-	
१४) दुरध्वनी / मोबाईल	:-	
१५) मुळ ठिकाणचा पत्ता	:-	
१६) स्थावर मालमत्ता असल्यास पत्ता	:-	
१७) मातृभाषा	:-	
१८) अवगत असलेल्या भाषा	:-	
१९) प्रदान करण्यात आलेला कामाचा प्र	कार	:
२०) आपण केलेल्या कामपैकी एखाद्या चांगल्या कामाची नोंद	:-	
दिनांक :-		
स्थान :-		कर्मचाऱ्याची सही व नांव

Confidential Assessment Report regarding ability and character पूर्ण नांव Name :- ०१/०४/२०१८ ते ३१/०३/२०१९ प्रतिवेदनाचा कालावधी Period of Report धारण केलेले पद / पदे :-Post/Posts held :-Department (विभाग) :_ Leave Taken in this period Performance Assessment 1) उद्योगपियता व कार्यतत्परता :- अत्यत्कृष्ट, उत्कृष्ट, चांगले, साधारण, साधारणपेक्षा कमी :- Outstanding, Very Good, Good, Average, Below average **Industry & Application** 2) हाताखालील कर्मचाऱ्यांकडून काम :- अत्युत्कृष्ट, उत्कृष्ट, चांगले, साधारण, साधारणपेक्षा कमी करुन घेण्याची क्षमता Capacity to get work done :- Outstanding, Very Good, Good, Average, Below average By subordinates 3) सहकारी व जनता यांचेशी :- सहकार्याचे, सौजन्याचे, मदतीचे, उदासीन, अमैत्रीपुर्ण असलेले संबंध Relations with colleagues :- Co-operative, Courteous, Helpful, Indifferent, Unfriendly And the public 4) सर्वसाधारण बुध्दीमत्ता :- अतिशय बुध्दीमान, बुध्दीमान, हुशार, साधारण, मंदबुध्दी :- Very brilliant, Brilliant, Intelligent, Average, Dull General Intelligence 5) निर्णय शक्ती, उपक्रमशिलता :- अत्युत्कृष्ट, उत्कृष्ट, निश्चित चांगली, चांगली, साधारण, प्रशासनिक व धडाडी यासह कार्यक्षमता कार्यक्षमता नाही

Administrative Activity :- Outstanding, Very good, Positively good, good,

Including judgment initiate Average, Below average
And drive

6) तांत्रीक कार्यक्षमता(संबंधित असेल तेथे) :-Technical professional :-

Ability (where relevant)

/) াবशष कल Special Attitude	:- :-			
Special Attitude	•			
8) सचोटी व चारित्र्य	:-			
Integrity & Character	:-			
9) प्रदान करण्यात आलेल्या अधिकारांचा वापर करतात काय ?	: -	होय	अंशत :	नाही
Whether powers delegted Are fully utilized?	:-	Yes	Partly	NO
10) पदोन्नतीसाठी पात्रता Fitness for promotion		=	mal course (a	वरीत बढतीसाठी योग्य according to seniority) on
11) प्रशिक्षणासाठी आवश्यक	:- :-	येथे आवश्यक त्या ६	क्षेत्राचा उल्लेख क	रावा.
12) प्रकृतीमान State of Health		चांगले नाही, Not Good,	चांगले, Good	उत्कृष्ट Very Good
13) क्षेत्रीय स्तरावर काम करण्यासाठी योग्यता	:-	आहे,	नाही,	संबंधित नाही
Fitness for Field Work	:-	Yes,	No,	Not related
14) संगणकावर काम करण्याची आवड	:-	आहे,	नाही,	दिसून आली नाही
Willingness to work On Computer	:-	Yes,	No,	Not Seen
15) सर्वसाधारण मुल्यमापन General Assessment	:- :-			
16) प्रतवारी (हाताने लिहावी) Gradir A+ Outstanding, A Very go B Good, B- Average, C Be	od,	B+ Positively G	<u> </u>	
Place :-				

Date :- Signature, Name & Designation
Of the Reporting Officer

गोपनीय अहवाल नमुना

१) कर्मचाऱ्याचे पुर्ण नांव	: -	
२) शैक्षणिक पात्रता	:-	३) धारण केलेले पद :-
४) जन्म तारीख	:-	५) जात / संवर्ग :-
६) सध्याच्या पदावर रुजू होण्याचा दिनांक	:-	७) एकूण सेवा काळ :-
८) वेतन श्रेणी	:-	
९) प्रतिवेदनेचा कालावधी	: -	०१/०४/२०१८ ते ३१/०३/२०१९
१०) वरील कालावधीत देण्यात	त आलेली प्रतवारी	:-
विभाग प्रमुखांचा अभिप्राय	ग :	
		स्वाक्षरी
प्राचार्याचा अभिप्राय :		
		प्राचार्याची स्वाक्षरी
पुनर्विलोकन अधिकाऱ्याचा प्राचार्य यांच्या मताशी सहम नसल्यास त्यांची कारणे		
दिनांक :-		2707707 / 776-7
ठिकाण : -		अध्यक्ष / सचिव