राष्ट्रीय प्रौद्योगिकी संस्थान, रायपुर
NATIONAL INSTITUTE OF TECHNOLOGY, RAIPUR

Annual Performance Appraisal Report
for
Faculty members of the National Institute of Technology Raipur

Year of the report : 20…. -20…

Part – I PERSONAL DATA

1. Name of the faculty member : _____

2. Designation : _____

3. Department : _____

4. Whether the faculty member belong to General/SC/ST/OBC _____

5. Date of Birth _____

6. Date of appointment to the present grade _____

7. Period of absence from duty on leave, training etc. during the year

_____

Part – II
SELF APPRAISAL

(To be filled by the faculty member reported upon)

I. INSTRUCTIONAL ELEMENT

(a) Teaching Engagement

Odd Semester				**Even Semester**			
Course No. & Title	No. of Students	Weekly L T P	% of classes engaged	Course No. & Title	No. of students	Weekly L T P	% of classes engaged
(UG) (PG)				(UG) (PG)			

- **Innovation in teaching, if any:**
- **Additional efforts which helped in Teaching/Lab:**

Level	Title of Project/Thesis	Names of student	Names of other supervisor (if any)	Remarks (if any)
B.Tech B.Arch. M.Tech. MCA				

- Mention if industry or hardware related
- Other instructional task
  (Such as development of lab/course, Instructional Software, Education Technology packages, including ETV films, summer & modular courses, practical supervision)

II. ACADEMIC RESEARCH AND PUBLICATION ELEMENT:

(a) Ph. D. Research Supervision

S.No.	Name of student	Reg. Year & status (FT/PT/external)	Thesis Title	Other supervisor/s (if any) Name & Department	Completed/Ongoing

(b) Referred Journal/Conference Papers (published during the reported period)
(Provide proofs)

i. Author's name (sequence as in paper), title of paper, name of journal, Vol. No. (Year), page nos.

ii. Research papers published in international conferences

iii. Research papers published in national conferences

iv. Research papers reviewed

(c) Books, Journals, Monographs, Lab or Design Manuals – Authored/Edited
(excluding editing of conf./seminar/workshop proceedings)

III. SPONSORED (R & D), CONSULTANCY & EXTENSION ELEMENT:

(a) Sponsored Research Projects

S.No.	Title of Report	Funding Agency	Financial Outlay	Year of start & Year of Completion	Name of P.I. and other investigators	Status (started or completed or in progress)

(b) Products/Process Development and Technology Transfer/Patents:

(Give particulars with names of group members involved)

(c) Continuing Education/QIP Short Term Lectures/Special Lecturers/Courses:

S.No.	Title of Course/Lecture Series	Date, Place and Programme where lectures/course delivered/conducted	Other relevant information

(d) Other Extension Tasks

- (Such as involvement with outside institutes – Network/Joint Projects, International & National Academics, Professional Societies, Industry/Government/Public/Community Service, Editorial & Reviewing Work, Editing of proceedings).
- (Development of National Code of Standards)

IV. OTHER ACADEMICS ACTIVITIES:

(a) Awards/distinctions/honours/membership of National Committees.

(b) Membership of Professional Societies

(c) Organisation of Courses/Conferences
Name of the Conf./Seminar/Course Sponsored by Date

(d) Visit to outside Insitute/Organisation
Instt../Organsiation Visited Purpose of visit Date

(e) Participation in Seminar/Symposium/Workshop etc.
Name of the Conf./Seminar/Symp./Workshop Place & Sponsored by Date

(f) Participation in Short Term Courses
Name of the Courses Place & Sponsored by Date

V. MANAGEMENT & INSTITUTIONAL DEVELOPMENT ELEMENTS:
(Incharge of the laboratory facility/group, Chairmanship or membership of committees, involvement in student services, institute community and administrative assignments, AIEEE etc)

(a) Department/Centre's level

(b) Institute level:

VI. Comments on the works including particulars of circumstances for not being able to undertake/complete the activities assigned.

VII. COMMENTS/SUGGESTIONS FOR FUTUR WORK
(Including difficulties faced, if any, and suggestions for improvement, training, infrastructure etc for professional growth and for achievement of excellence)

VIII. PLANS FOR NEXT YEAR

IX. Please state whether the **Annual Return on immovable property** for the preceding calendar year was filled within the prescribed date i.e. 31st January of the year following the calendar year. If not, reasons for non-filing the returns should be given. Please comply every year.

(Signature of the faculty member)

(Name of the faculty member)

Note : Add additional papers as and when required.

Part – III

ASSESSMENT OF THE REPORTING OFFICER

1. Does the Reporting Officer agree with each and every significant statement contained in resume (col. 2 of Part II) of the work done by the faculty member.

2. State of Health Very Good/Good/Average/Poor

3. Regularity and Punctuality in attendance Proficient/Average/Poor

4. Intelligence, keenness and Industy Proficient/Average/Poor

5. Trustworthiness in handling secret and top secret matters and papers Good/Average/Poor

6. Maintenance if academic records and timely submission of necessary papers for meeting, interviews, etc. Good/Average/Poor

7. General assistance in ensuring that matters requiring attention are not lost out of sight Good/Average/Poor

8. (a) Has the faculty member any special characteristics and/or any outstanding merits or abilites which would justify his/her selection for special assignment ? If so, please mention these characteristic briefly.

   (b) Recommendation regarding suitability of other spheres of work (this should be substantiated)

9. Has he/she reprimanded for indifferent work or for other causes during the period under report ? If so, give brief particulars.

10. General assessment of personality, character and temperament including relations with fellow employees, amenability of discipline, etc.

11. integrity

12. Grading : (Outstanding/Very Good/Good/Average/Below Average (An officer should not be granted outstanding unless exceptional qualities and performance have been noticed and grounds for giving such grading should be clearly brought out)

13. Effectiveness in the development of students belonging to weaker/disadvantaged sections.

Signature of the Reporting Officer
Name & Designation (in block letters)
Date

REMARKS BY REVIEWING OFFICER/S

1. Length of service under Reviewing Officer/s.

2. In view of the remarks of the Reporting Officer, please sum up your views

3. Grading by Reviewing Officer (Outstanding/Very Good/Good/Average/Below Average).

Signature of the Reviewing Officer/s
Name & Designation (in block letters)
Date ……