

Y.D.V.D. Arts and Commerce College, Teosa

Performance Appraisal System

2021-22

Content:

- 1. SGBAU, Amravati , PBAS format for Teacher**
- 2. Self Appraisal format for Teachers by Parent Management**
- 3. Self Appraisal format for Non Teaching Staff by Parent Management**

Sant Gadge Baba Amravati University, Amravati

**Academic Performance Indicators (APIs) based Performance Based Appraisal System (PBAS)
for Appointments and Promotions under Career Advancement Scheme (CAS) of
University/College Teachers.**

**(For Teachers other than Physical Education Persons, Librarians and
teachers of Music and Performing Arts)**

Session –

(PART A, PART B & PART C)

PART A: GENERAL INFORMATION

1. Name (in Block Letters) :
2. Father's/Husband's Name :
3. Department :
4. Current Designation & Grade Pay :
5. Date of last Promotion :
6. Address for correspondence (with Pin code) :
7. Permanent Address (with Pin code) :
Telephone No. :
Email :
8. Whether acquired any degrees or fresh academic qualifications during the year:
9. Academic Staff College Orientation / Refresher Course attended during the year :

Sr. No.	Name of Course/ Summer School	Place	Duration	Sponsoring agency
1				
2				

Date:

Signature of Teacher

PART B : ACADEMIC PERFORMANCE INDICATORS
CATEGORY : I
TEACHING, LEARNING AND EVALUATION RELATED ACTIVITIES

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

S. N.	Course/ Paper	Level	Mode of Teaching	Hours allotted per week	Hours engaged	Percenta ge of Lectures engaged	Grading	Proof Documen ts
Odd Semesters								
Even Semesters								

* 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.

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

Overall Grading (Category : I) :-	Good
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Signature of Teacher

Verified and found correct :

Signature of V.C./H.O.D./Principal

Final Score approved by the Screening / Selection Committee :
 (For Category : I)

Signature of
Chairman Screening / Selection Committee

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				

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				
3				
4				

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				

II v. Other co-curricular activities:

Sr. No.	Responsibility	Nature of work	Grading	Proof Document
1				
2				

II vi. Extension and dissemination activities:

Sr. No.	Responsibility	Nature of work	Grading	Proof Document
1				
2				

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				

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:

S. N.	No. of Ph. Students registered	No. of Ph. D. students submitted thesis	No. of students awarded Ph. D. Degree	Grading	Proof Documents
1					
2					

II xi. Conduct of Research Projects:

S. N.	Title of Project	Major/ Minor	Period of Award	Amount Approved	Funding agency	Grading	Proof Document
1							
2							

II xii. Research paper Published:

S. N.	Title with page no.	Journal	ISSN/ ISBN	Whether Peer reviewed, impact factor if any	No. of Co-authors	Whether you are the main author	Whether referred/ other journal notified by UGC	Grading	Proof Document
1									
2									
3									
4									

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
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Signature of Teacher

Verified and found correct :

Signature of V.C./H.O.D./Principal

Final Score approved by the Screening / Selection Committee :
(For Category : II)

Signature of
Chairman Screening / Selection Committee

PART B : ACADEMIC PERFORMANCE INDICATORS
CATEGORY : III
RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

III A. Research Papers publication:

S. N.	Title with page no.	Journal	ISSN/ ISBN	Whether Peer reviewed, impact factor if any	No. of Co-authors	Whether you are the main author	Whether referred/ other journal notified by UGC	Augmented API score	Proof Document
1									
2									
3									
4									
Total									

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

S. N.	Title with page no./ Chapter with page no.	Book title with Editor, Publisher	Publication on International/ National Level	ISSN/ ISBN	Whether approved by University	No. of Co-authors	Whether you are the main author	API score	Proof Document
1									
2									
Total									

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

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

.....

III C. CREATION OF ICT MEDIATED PEDAGOGY AND CONTENT AND

DEVELOPMENT OF NEW AND INNOVATIVE COURSES AND CURRICULA: NIL

S. N.	Innovative Pedagogy/ New Curricula/ Courses/ MOOCs/ E-Content	Name of Activity	Authority concerned	Publisher	Course Credit/ Module	API Score	Proof Document
Total							

III D.a RESEARCH GUIDANCE:

S. N.	Number Enrolled	Thesis submitted	Degree Awarded	API Score	Proof Document
M. Phil.					
Ph. D.					
P. G. Dissertations					
Total					

III D.b RESEARCH PROJECTS COMPLETED:**III D. b (i). Sponsored Projects:**

Sr. No.	Title	Agency	Period	Grant Amount Mobilized (Rs. Lakhs)	Policy document generated	API Score	Proof Document
1							
2							
Total							

III D.b (ii). Consultancy Projects:**III D.c ONGOING RESEARCH PROJECTS:****III D.c (i). Sponsored Projects:**

Sr. No.	Title	Agency	Period	Grant Amount Mobilized (Rs. Lakhs)	Policy document generated	API Score	Proof Document
1							
2							
Total							

III D. c (ii). Consultancy Projects:**III E.a Patents Awards:**

S. N.	Title of patent	Award conferring organization	National/ International	Patent No.	API Score	Proof Document
1						
2						
Total						

III E. b Policy Document:

S. N.	Title of Document	Policy document submitted to	International/ National/ State Government/ Central Government	Publisher	API Score	Proof Document
1						
2						
Total						

III E. c. Fellowships and Awards:

S. N.	Fellowship/ Awards	Award conferring organization	Event organized by	Whether international / national / state / regional / college or university level	API Score	Proof Document
1						
2						
Total						

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

S. N.	Invited talk/ Paper presented	Title of Conference/ Seminars	Event organized by	Whether International (Abroad) / International (Within Country) National / State / Regional / College or University level	API Score	Proof Document (Certificates attached)
1						
2						
Total						

Note:

* Paper presented if part of edited book or proceeding then it can be claimed only once.

* For joint supervision of research students, the formula shall be 70% of the total score for Supervisor and Co-supervisor. Supervisor and Co-supervisor, both shall get 7 marks each.

*For the purpose of calculating research score of the teacher, the combined research score from the categories of 5(b). Policy Document and 6.

*Invited lectures/Resource Person/Paper presentation shall have an upper capping of thirty percent of the total research score of the teacher concerned.

****As per table under the document Annexure III (A)**

Overall Grading (Category : III) :-	
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Signature of Teacher

Verified and found correct :

Signature of V.C./H.O.D./Principal

Final Score approved by the Screening / Selection Committee :

(For Category : III)

Signature of
Chairman Screening / Selection Committee

IV. SUMMARY OF GRADES/ API SCORES:

Category	Criteria	Last academic year	Grades/ Points (Assessment year)	Annual API Score for Category III only
I	Assessment Criterion for Teaching, Learning and Evaluation Related Activities			
II	Involvement in Administrative, Examination, Co-curricular, Extension and Professional Development Related Activities			
III	Research and Academic Contributions			

Signature of Teacher

Verified and found correct :

Signature of V.C./H.O.D./Principal

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.

S. N.	Details (Mention Year, value etc. where relevant)
1	
2	
3	
4	

*Annexure-IV

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

Copies of:-

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

I 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.

I) Verification & Evaluation in respects of Grades/ API.

Items	Correct	Exaggerated	Excellent	Very good	Average
Category I					
Category II					
Category III					
A					
B					
C					
D					
E					

II)

- A) General Intelligence : _____
- B) Capacity to get work in Respect of research & teaching -----
- C) Technical Ability : _____
- D) Administrative ability including : _____
- Judgment initiative and drive (if applicable)
- E) Integrity and Character : -----
- F) Whether powers delegated are : -----
Fully utilized.

G) General Assessment ____ * A+ = Outstanding, A = Very Good, B+ = Positively Good, B = Good, C+ = Satisfactory, C = Not Satisfactory

(* Strike out which is not applicable.)

Date : / /

Signature of Reporting Officer

Observation of the Reviewing Officer (Vice-Chancellor) :

Date : / /

Signature of Reviewing Officer

OFFICE OF THE SHRI SHIVAJI EDUCATION SOCIETY, AMRAVATI

SELF ASSESSMENT FORM OF THE COLLEGE TEACHER

Name of the College : _____
(FOR THE YEAR 20__ -20__)

PART- I (BASIC INFORMATION)

- 1) Full Name : _____
- 2) Designation : _____
- 3) Department : _____
- 4) Subject taught and faculty : _____
- 5) Date of Joining : _____
 - a) Initial : _____ College Name : _____
 - b) at present college : _____ College Name : _____
- 6) Date of Birth : _____
- 7) Place of Birth : _____
(Village/Town/Taluka/ : _____
District) : _____
- 8) Nationality and Religion : _____
- 9) Whether belongs to : _____
SC/ST/OBC/OPEN : _____
- 10) Permanent Address : _____

- 11) Mother Tongue : _____
- 12) Language Known : _____
- 13) Whether any immovable : _____
Property held. If so, what : _____
and where : _____
- 14) Qualification of the Teacher

Degree and Post-Graduate degree examination	Special/Principal Subject offered	Allied additional subordinate subjects offered	Class obtained	Year of passing	University

15) Teaching experience at the : Year ----- Month -----
College Level

Name of the previous Institutions	Period of service From --- to	Designation	Classes taught	Subjects taught	Scale of pay

16) i) Courses thought : -----

ii) Number of periods per week: -----
as per prescribed norms

	Work-load			
	U.G.	P.G.	M.Phil.	Ph.D.
1) Actual number of periods per week				
2) Lectures				
a) Tutorials				
b) Practical				
c) Seminars				
d) Dissertations				
e) Others				

PART- II

SELF ASSESSMENT OF THE TEACHER

(NOTE: Self Assessment should be In short, within the limit of space provided)

D) Teaching methods applied : -----

(Name and describe new
teaching methods used, If any
(Beside lecture/method) i.e. -----

i) Distributing lecture, synop-
sis and biography -----

ii) Encouraging question in : -----
Class -----

iii) Announcing topics for dis- : -----

- v) Use of audio visual aids : _____
(Whether facilities exist) : _____
- II) Contribution to a research : _____
Schemes approved by the : _____
UGC, DST, ICAR, ICSSR & : _____
others, If any. : _____
- III) Any other contribution in- : _____
 - i) Teaching Methods : _____
 - ii) Evaluation Techniques : _____
 - iii) Course Development etc. : _____
- IV) Academic and professional : _____
Growth (During the year) : _____
 - i) Research qualification ac- : _____
quired : _____
 - ii) Research projects under- : _____
taken : _____
 - iii) Research papers published : _____
Indicating titles and names of : _____
Journals in which published. : _____
 - iv) Guidance rendered to re- : _____
search scholar : _____
 - v) Participation in Seminars, : _____
Workshops and Confer- : _____
ences. : _____
 - vi) Participation in Orientation : _____
Programmes Refresher : _____
Courses etc. : _____
 - vii) Any other types of training : _____
(Whenever such facilities : _____
exist) : _____
- V) Participation in Extra Mural : _____
activities : _____
 - i) Extra curricular activities, : _____
Debates, cultural activities, : _____
Counselling to students : _____
Planning forum, Union : _____

- VI) Help in departmental administrative activities by way of Membership of various Committees such as Discipline Committee, Admission Committee, Students Welfare Committee etc.
- VII) Any other Information about his Contribution (not conveyed above) relevant to a proper assessment of activities.
- VIII) General Observations-
- i) Attendance :
 - a) Regularity :
 - b) Punctuality :
 - ii) Students teachers Relationship :
 - iii) Colleague relationship :
 - iv) Class control :
 - v) Reading habits and other Matters :
- IX) Your own assessment of your Performance for the year under Report in regard to :
- a) The quality and quantity of Work done and how it compared with the prescribed Norms, standards of targets.
 - b) Guiding, traing, controlling Class
 - c) Details of any specific item (s) of work done by you which think especially noteworthy.
 - d) If, In your opinion you were Unable to maintain the expected quality of quantity In performance, in any respect, indicate your reasons, why this happened.
- X) API Score for Category I
- XI) API Score for category II
- XII) API Score for category III

Name of the teacher _____

EVALUATION BY THE HEAD OF THE DEPARTMENT OR PRICIPAL

- a) State whether the facts stated above are correct; if not, state the correct facts.
- b) Do you agree with self assessment of performance done by the teacher? If not, give reasons why you do not agree.
- d) Actual verification & evaluation in respects of Part II

Item	Correct	Exaggerated	Excellent	Very Good	Average
I					
II					
III					
IV					
V					
VI					
VII					
VIII					
IX					
X					
XI					
XII					

- ii) A) General intelligent : _____
- B) Capacity to get work done in : _____
Respect of research & teaching. : _____
- C) Technical Ability : _____
- D) Administrative ability including : _____
Judgement initiative and drive : _____
(if applicable) : _____
- E) Integrity and character : _____
- F) Whether powers delegated are : _____
fully utilised : _____
- G) Overall Performance : _____
- H) Overall contribution towards : _____
Colleges and parent education : _____
society : _____
- I) General Assessment : _____

A+= Outstanding, A= Very Good, B+= Positively Good,
B= Good, C+= Satisfactory, C= Not Satisfactory

(*Strike out which is not applicable.)

Date : / /20

Signature of Reporting officer

Observation of the Reviewing officer (Secretary of the Society)

गोपनीय अहवाल नमुना

परिशिष्ट - ब भाग - १

वर्षिक महाविद्यालयातील शिक्षकेतर कर्मचाऱ्यांकरिता
(गोपनीय अहवालाचा नमुना)

- १) पूर्ण नांव :-
- २) वडीलांचे नांव :-
- ३) जन्म तारीख :-
- ४) जन्म स्थान :-
- ५) राष्ट्रीयत्व व धर्म :-
- ६) जात/संपर्न :-
- ७) पदनाम :-
- ८) शैक्षणिक पात्रता :-
- ९) सद्यार्थे पदावर सेवत सुरु होण्याचा दिनांक :-
- १०) महाविद्यालयाचे नांव :-
- ११) एकूण सेवा काळ :-
- १२) वेतन श्रेणी :-
- १३) कार्यस्थळची पत्ता :-
- १४) दुरध्वनी (एस.टी.डी. सह) :-
- १५) मुळ ठिकाणचा पत्ता :-
- १६) स्वावर मालमत्ता असल्यास पत्ता :-
- १७) मातृभाषा :-
- १८) अवगत असलेल्या पाषा :-
- १९) प्रदान करण्यात आलेला कामाचा प्रणव :-
- २०) आपल्या कर्तव्याचे संक्षिप्त वर्णन :-
- २१) आपल्या सौपविलेल्या स्वतःच्या कर्तव्याचे मुल्यमापन :-
- २२) आपण केलेल्या कामापैकी एखाद्या चांगल्या कामाची नोंद :-

दिनांक:- / /२०

ठिकाण:-

कर्मचाऱ्याची राहणी व नांव

गोपनीय अहवाल नमुना

2

परिशिष्ट - ब भाग ४ व ५

(गोपनीय अहवालाचा नमुना)

अभिज्ञ अहवालद्वारे शिक्षकेतर कर्मचाऱ्यांसाठी सर्वसाधारण योग्यता व अतिरिक्त सहाय्यांचा अभिप्राय

- १) कर्मचाऱ्याचे पूर्ण नांव :- _____
- २) शैक्षणिक पात्रता :- _____ ३) धारण केलेले पद :- _____
- ४) जन्म तारीख :- _____ ५) ज्ञान/स्तर :- _____
- ६) लवू होण्याचा दि. :- _____ ७) एकूण सेवा काळ :- _____
- ८) वित्त श्रेणी :- _____
- ९) प्रतिवेदन कालावधी :- शैक्षणिक वर्ष २०१४-२०१५
- १०) उद्योगप्रियता व कार्यक्षमता :- _____
- ११) हाताखालील व्यक्तीकडून काम करून घेण्याची क्षमता :- _____
- १२) सहकारी व जवळी साधेशी असलेले संबंध :- _____
- १३) सर्वसाधारण बुद्धिमत्ता :- _____
- १४) तांत्रिक कार्यक्षमता :- _____
- १५) विशेष कल :- _____
- १६) निर्णय शक्ती, उपक्रमशिलता व घडाडी यासह प्रशासनात्मक कार्यक्षमता :- _____
- १७) स्त्रोटी व चरित्र्य (सहाय्येअसून अहवाल सोबत ठेवावा) :- _____
- १८) प्रदान करण्यात आलेला शक्तीचा पूर्णपणे वापर करतात काय ? :- _____
- १९) सर्वसाधारण मुल्यमापन :- _____

प्रबंधक/अधिकाक/ _____
मुख्य लिपीकन्या अभिप्राय _____
(जरील टीकी जे प्रमुख अजरातील स्थानी अभिप्राय द्यावा.)

स्वाक्षरी

प्राचार्यांचा अभिप्राय :- _____
:- _____

प्राचार्यांची स्वाक्षरी ,

पुनर्विलोकन अधिकार्यांचा निरीक्षण अहवाल
प्राचार्य यांच्या मताशी सहमत आहे किंवा :- _____

नसल्यास त्यांची कारणे _____

दिनांक:- / /२० --
स्थान:- सचिव