

Faculty Annual Self-Appraisal Form Academic Year: _____

Part A

(To be filled by Faculty Member)
(Please attach the relevant proofs as Annexures)

Part 1 - General Information

1.1	Name of the Faculty Member	
1.2	Father's/Husband's Name	
1.3	Designation	
1.4	Department	
1.5	College	
1.6	Date of Last Promotion	
1.7	Address (with Pincode)	
1.8	Contact No	
1.9	Email ID	
1.10	Qualification Completed: Currently Pursuing:	
1.11	Total Experience (in years)	
1.12	Number of years of service in MAHER	

Part 2 – Academic Performance Indicators

Category 1 – Teaching, Learning and Evaluation Related Activities

	1.1 Lectures taken, Seminars/Journal Discussions Conducted, Practical/Clinical Demonstrations given					
S No	Subject/Course	UG/PG	Type of Session*	No of Sessions Taken		

^{*} Lectures taken, Seminars/Journal Discussion Conducted, Practical/Clinical Demonstrations given

	1.2 Courses/Programmes Attended (Short Courses, FDPs, PDPs, Conferences, Continuing Education Programmes, Workshops, Seminars, Other Academic Programmes)						
S No Date		Title of Course/Programme	Hosted by	Duration			

Category 2 – Administrative Roles/Additional Responsibilities

Role/Contribution	Departmental/College/ University
	Role/Contribution

Category 3 – Research, Publications & Academic Contributions

3.1 Journal Publications						
S No Title of Publication (with complete reference)		Indexed in (Scopus, Web of Science, Pubmed)				

3.2 Book Publications						
S No Title of Book/Title of Name of Publisher ISBN						

3.3 Po	3.3 Poster/Paper Presentations in Conferences					
S No Title of Conference/Programme Title of International/National//State/University/College Level						

3.4 Invited Guest Lectures/Chairperson at Conferences/Other Academic Programmes					
S / Title of Lecture / Academic / Session Title of / Conference/Programme / State					
3.5 Membership in Professional Bodies					

S No	Name of Professional Body	Type/Nature of Membership	Role in the Professional body

3.6 Gra	3.6 Grants/Funds Received					
S No	Title of Study	Name of Funding Agency	Period	Grants Received in academic year (Rs)		

3.7 De	3.7 Details of Consultancy Services					
S No	Type/Nature of Service Rendered	Name of Consulting Agency	Resources of MAHER utilized (Yes/No)	Total Amount Generated (Rs)		

3.8 Res	3.8 Research Guidance Provided						
S No	Number of Projects guided	Number of Projects which received Grants	Number of Projects which won awards	Number of Projects which got published/ copyrighted/patented			
UG							
PG							
PhD							
Others							

3.9	IPR Track record			
S No	Type of IPR (Patent/Copyright/ Design Application)	Title of IPR	Application No.	Status (Filed/Published/ Granted)

3.10 Awards/Recognitions won (including Fellowships)				
S No	Name of the Award	Year	Name of the Awarding agency	

4.1 Any other contributions to the institution				

Date

Signature of Faculty Member



Part B (to be filled by HOD/Dean)

- 1. By the HoD (in case of Professor / Associate Professor / Assistant Professor / Lecturer)
- 2. By the Dean/Principal of College (in case of Head of Department)

1. Grading

Activity	Very Good	Good	Fair	Poor
Teaching				
Research				
Cocurricular & Extension				
Administration				
	Teaching Research Cocurricular & Extension	Teaching Research Cocurricular & Extension	Teaching Research Cocurricular & Extension	Teaching Research Cocurricular & Extension

4	Administration				
2. Re	ason for grading	of work		,	
3. Ov	erall appraisal of	the employ	vee's work		
4. Dif	ficulty/obstacles	faced			

5. Suggestions for removal of difficulty				
Date	Signature (HOD/Dean/Principal)			