

# OFFICE OF THE SHRI SHIVAJI EDUCATION SOCIETY, AMRAVATI

## SELF ASSESSMENT FORM OF THE COLLEGE TEACHER

Name of the College : \_\_\_\_\_

(FOR THE YEAR 2010-2021)

### 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/VJ/NT/SBC/OBC/OPEN \_\_\_\_\_
- 10) Permanent address : \_\_\_\_\_
- Mobile No. \_\_\_\_\_
- E-mail \_\_\_\_\_
- 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	Remarks

- 15) Teaching experience at the college level UG : Year ----- Month -----  
 PG : Year ----- Month -----

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

- 16) i) Courses taught : -----  
 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) Practicals				
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)

- I) 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- : -----  
 cussion in advance -----  
 iv) Holding seminars : -----  
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- 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, \_\_\_\_\_  
NSS,NCC,Sports, Scouting etc. \_\_\_\_\_
- ii) Service to community Adult : \_\_\_\_\_  
Education, Extension \_\_\_\_\_  
Service etc. \_\_\_\_\_

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, training, 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 and quantity in performance, in any respect, indicate your reason, why this happened.

X) Any award conferred on (University/State/National or International level)

XI) API Score for Category I

XII) API Score for category II

XIII) API Score for category III (for Assessment year)

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.

## I) Actual verification &amp; 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					
XIII					

- 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 :-----  
 college 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)

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Date : / /20

Signature of Reviewing officer

## गोपनिय अहवाल नमुना

परिशिष्ट - ब भाग - १

वरिष्ठ महाविद्यालयातील शिक्षकेत्तर कर्मचाऱ्यांकरीता

(गोपनिय अहवालाचा नमुना)

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

दिनांक:

अमरावती

कर्मचाऱ्याची सही व नांव

## गोपनिय अहवाल नमुना

परिशिष्ट - ब भाग - ४ व ५

(गोपनिय अहवालाचा नमुना)

वरिष्ठ महाविद्यालयातील शिक्षकेत्तर कर्मचाऱ्यासंबंधी सर्वसाधारण योग्यता व चरित्र संबंधी प्राचार्याचा अभिप्राय

१) कर्मचाऱ्याचे पुर्ण नांव :- -----

२) शैक्षणिक पात्रता :- ----- ३) धारण केलेले पद :- -----

४) जन्म तारीख :- ----- ५) जात / संवर्ग :- -----

६) रूजू होण्याचा दिनांक :- ----- ७) एकूण सेवा काळ :- -----

८) वेतन श्रेणी :- -----

९) प्रतिवेदन कालावधी :- शैक्षणिक सत्र २० - २०

१०) उद्योगप्रियता व कार्यक्षमता :- -----

११) हाताखालील व्यक्तींकडून काम करून घेण्याची क्षमता :- -----

१२) सहकारी व जनता यांचेशी असलेले संबंध :- -----

१३) सर्वसाधारण बुद्धिमत्ता :- -----

१४) तांत्रिक कार्यक्षमता :- -----

१५) विशेष कल :- -----

१६) निर्णय शक्ती, उपक्रमशिलता :- -----

व धडाडी यासह प्रशासनिक कार्यक्षमता

१७) सचोटी व चारित्र्य :- -----

(संशयास्पद असल्यास अहवाल सोबत ठेवावा)

१८) प्रदान करण्यात आलेला शक्तीचा पुर्णपणे :- -----

वापर करतात काय ?

१९) सर्वसाधारण मुल्यमापन :- -----

प्रबंधक/अधिक्षक/मुख्यलिपीकाचा अभिप्राय :- -----

(वरील पैकी जे प्रमुख असतील त्यांनी अभिप्राय द्यावा.)

स्वाक्षरी

प्राचार्याचा अभिप्राय :- -----

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प्राचार्याची स्वाक्षरी,

पुनर्विलोकन अधिकाऱ्याचा निरीक्षण अहवाल

प्राचार्य यांच्या मताशी सहमत आहे किंवा :- -----

नसल्यास त्यांची कारणे -----

दिनांक :-

ठिकाण :-

सचिव