

Pt. Mohan Lal S.D. College For Women Gurdaspur



6.3.1

Performance appraisal system, Self- Appraisal Form for Teaching and Non-Teaching

Dr. (Mrs.) Neeru Sharma

Principal


Principal
Pt. Mohan Lal S.D. College
for Women, Gurdaspur

PBAS FOR TEACHING FACULTY

PART A: - General Information & Academic background

1. Name(in block letters) :- _____
2. Father's/Mother's Name:- _____
3. Department:- _____
4. Name of the College:- _____
5. Designation : _____
6. Date & place of birth:- _____
7. Marital Status:- _____
8. Nationality:- _____
9. Category to which belongs:- Open/SC/ST/OBC/Physically challenged
10. Address for the correspondence:- _____
11. Permanent Address:- _____
_____ (R) _____(M)
12. Contact Numbers:- (O) _____
13. E mail id:- _____
14. Academic Qualifications (SSC to Post Graduation) :-

Examination	Name of Board/ University	Year of passing	% of Marks obtained	Division/ Class/ Grade	Subjects


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15. Research Degrees:-

Name of the Degree	Title of the Thesis	Date of Award as per University notification	Name of the University
M.phil			
Ph.D.			
D.Sc./D.Litt.			
Any other			

16. Appointments held prior to joining this institution :-

Designation	Name of the employer	Date of Joining	Date of leaving	Pay band with Grade pay	Reason for leaving

17. Posts held after appointment to this institution:-

Designation	Department	From	To	Pay band with Grade pay

18. Total teaching experience(in years) :-

At Undergraduate level (at previous institution):- _____ years

At Undergraduate level (at present institution):- _____
years

_____ Total: -
years

At Postgraduate level (at previous institution):- _____ years


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At Postgraduate level (at present institution):- years

19. Research experience excluding years spent for M.phil/Ph.D.:- _____ years

Total: - _____ years

20. Field of specialization under the subject/discipline if any:- _____

21. Academic Staff College Orientation/Refresher courses attended:-

Name of the Course	Name of the Academic Staff College	Name of the University	Duration	Sponsoring agency if any

22. Training & Capacity building workshops attended:-

Name of the Training programme	Place where held	Name of the Organizing body	Duration


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TEACHER SELF-APPRAISAL REPORT

1. Name _____
2. Designation _____
3. Subject _____
4. Date of Appointment: _____
5. Nature of appointment Permanent / Temporary / Ad-hoc / Contact (with date each one): _____
6. Date of Confirmation _____
7. Qualification at the time of recruitment _____
8. Upgradation of Academic status during entire service _____
9. Research Work, if any _____
10. Conference/Seminar/Symposium/Workshop attended/Organized during the year _____
11. College Level _____
12. National Level _____
13. International Level _____
14. Membership of Academic /Professional Bodies _____ Term _____
15. Publication _____
16. Books _____
17. Research Papers _____
18. Any other _____
19. Orientation/ Refresher Courses attended in this year _____
20. Orientation _____
21. Refresher _____
22. Academic _____
23. Any other _____
24. Teaching method adopted _____
25. Lecture _____
26. Internet Browsing _____
27. Slides _____
28. Group Discussion _____
29. OHP _____
30. Field / Practical work _____
31. Other _____
32. _____

Lectures delivered during the academic session, class-wise	No. of Students	Results (Previous year)	
		University %	College %
(a)			
(b)			
(c)			
(d)			


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33. Leave availed:-

1. Casual _____
2. Medical _____
3. Maternity _____
4. Any other _____

34. Hours spent on the college campus: -

1. Daily _____
2. Weekly _____
3. Misc. _____
4. Time spent in the library: -
5. Daily _____
6. Weekly _____

35. Membership of any other library _____

36. Are you associated with Cultural / Extracurricular activities/ College Committee (Give details) _____

37. Contribution to Cultural/ Extracurricular activities/ Sports _____

38. Any other contribution which is not covered above _____

Date:

Signature

Remarks of the Principal


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PT. MOHAN LAL SD COLLEGE FOR WOMEN

GURDASPUR

Self-Appraisal Form for Non-Teaching Staff

Name: _____ Date: _____

Instructions:

Please take the time to reflect on your performance over the specified period and provide honest and constructive feedback. Your input will help in assessing your achievements, areas for improvement, and professional development needs.

Performance Evaluation: Please rate yourself on the following competencies: 1 = Poor, 2 = Below Average, 3 = Satisfactory, 4 = Above Average, 5 = Excellent

1. Communication Skills

a. Poor b. Below Average c. Satisfactory d. Above Average e. Excellent

2. Teamwork and Collaboration

a. Poor b. Below Average c. Satisfactory d. Above Average e. Excellent

3. Problem-Solving Abilities

a. Poor b. Below Average c. Satisfactory d. Above Average e. Excellent

4. Adaptability and Flexibility

a. Poor b. Below Average c. Satisfactory d. Above Average e. Excellent

5. Time Management

a. Poor b. Below Average c. Satisfactory d. Above Average e. Excellent

6. Professionalism

a. Poor b. Below Average c. Satisfactory d. Above Average e. Excellent


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7. Goals and Achievements

a. Did you achieve your main goals for the period?

Yes

No

b. If yes, how would you rate your progress?

a. Poor b. Below Average c. Satisfactory d. Above Average e. Excellent

9. Training and Development

a. Do you feel the need for additional training or development opportunities?

Yes

No

b. If yes, specify areas where you require training or development

10. Is there anything else you would like to add regarding your performance, challenges faced, or suggestions for improvement?

I certify that the information provided is accurate and truthful to the best of my knowledge.

Signature: _____ Date: _____


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