**GOVERNMENT OF MIZORAM**

**HIGHER AND TECHNICAL EDUCATION DEPARTMENT**

**ANNUAL CONFIDENTIAL REPORT/ APPRAISAL PERFORMANCE REPORT**

**FOR CONTRACT/ GUEST/PART TIME/CASUAL ASSISTANT PROFESSORS/CASUAL TEACHING FACULTY**

Reporting Period : From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PART – I**

**A : GENERAL INFORMATION**

1. Name (In Block Letters) **:**

2. Father’s Name/Mother’s Name **:**

3. Department **:**

4. Designation **:**

6. Residential Address **:**

7. Telephone No : **:**

Email :

8. Area of specialization :

9. Date of Appointment in the Institution :

10. Period of Absence other than Casual leave :

**B: ACADEMIC PERFORMANCE INDICATORS**

**( DOCUMENTARY PROOFS REQUIRED IN ALL CLAIMED PERFORMANCES AS FAR AS POSSIBLE)**

**CATEGORY - I: TEACHING, LEARNING AND EVALUATION RELATED ACTIVITIES**

**BI.1. Lectures, Seminars, Tutorials, Practical, Contact Hours (give semester-wise details, where necessary)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Course/Paper** | **Class/Semester** | **Mode of teaching\*** | **Hours per week allotted** | **Documents enclosure** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |

\*Lecture (L), Seminar (S), Tutorial (T), Practical (P), Contact classes (C)

**(BI.2) Reading/ Instructional material consulted and additional knowledge resources provided to students**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Course/Paper** | **Consulted** | **Prescribed** | **Additional Resource provided** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

**(BI.3) Examination Duties Assigned and Performed**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No** | **Type of Examination Duties** | **Duties Assigned** | **Extent to which carried out** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

**CATEGORY-II: CO-CURRICULAR, EXTENSION, PROFESSIONAL DEVELOPMENT RELATED ACTIVITIES:**

**BII. Please mention your contribution to the following:**

|  |  |  |
| --- | --- | --- |
| **Sl. No** | **Type of Activity** | **Nature of contribution** |
|  | **(BII.1) Student related Co-Curricular, extension & field based activities** |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
|  | **(BII.2) Contribution to Corporate Life and mana-gement of the Institution through committees** | **Yearly/Semester wise responsibilities** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
|  |  |  |
|  | **(BII.3) Professional Development Activities** | **Yearly/Semester wise responsibilities** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

BII.4. Membership of Professional bodies/societies, etc.:1.

2.

BII.5. Editorial of scientific journal or membership of

Editorial Committees/Board :

**CATEGORY-III: RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS**

**B III.1.** Papers published in the Referred Journals/Non-referred but recognized and

reputable journals and periodicals, and Full Papers published in Conference Proceedings, etc. having ISBN/ISSN numbers.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Title with page nos.** | **Name of the Journal** | **ISSN/ ISBN No** | **Whether peer reviewed? Impact Factor, if any** | **No. of co-author (s)** | **Whether you are the main**  **author** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |

B III. 2 Participation and Presentation of papers (oral/poster) in Conferences/ Seminars/ workshops etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl.  No | Title of paper presented | Title of Conference/  Seminar etc | Organized  by | Whether International/ natural/ state/ regional/ college or university level |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

**C: GENERAL DATA:**

State a brief assessment of your performance indicating:

1) Achievements :

2) Difficulties faced :

3) Suggestions for Improvement:

4) Any other relevant information:

**Please give details of any other credential, significant contributions not mentioned earlier.**

|  |  |
| --- | --- |
| **Sl. No** | **Details (Mention Year, value etc. where ever relevant)** |
|  |  |

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

1.

2.

3.

4.

**I certify that the information provided is correct as per records documents enclosed along with the duly filled APR proforma**

**Place & Date**

**Signature of the faculty with**

**Designation.**

**PART- II**

**( TO BE FILLED BY THE REPORTING OFFICER)**

NOTE: Every answer shall be given in a narrative form using unambiguous and simple language. Words and phrases should be chosen carefully and should accurately reflect the intention of the authority recording answer.

1. Please give a general comment on Part –I (B&C) as filled in by the teacher on the assessment of his/her performance:

2. Give the assessment of the employee reported upon on the scale of 10 marks

|  |  |  |
| --- | --- | --- |
| Sl.No. | Attributes | Grade ( out of 10) |
| 1 | Quality of performance |  |
|  | Sincerity/Devotion to work/commitment |  |
|  | Initiative/Creativity/Responsibility |  |
|  | Regularity and Punctuality |  |
|  | Relation with Co-workers |  |
|  | Relation with Superiors |  |
|  | Integrity |  |
|  | Communication Skill ( Both oral and writing) |  |
|  | Character in general and value system |  |
|  |  |  |

3. Please indicate whether the employee is recommended for extension of his contract period (YES/NO)

4. If NO, please specify the reason (refer to Sl. No. 3) in not more than 30 words.

5. Overall grading (Put tick mark √ at the appropriate grading indise the bracket):

Outstanding - ( )

Very Good - ( )

Average - ( )

Below Average - ( )

NOTE: A teacher should not be graded outstanding unless exceptional qualities and performance have been noticed; grounds for giving such gradings should also be clearly indicated.

Place: Signature of Reporting officer/Head of Department

Name in Block Letters:

Date:

Designation :

Seal :

PART –III

TO BE FILLED BY THE REVIEWING OFFICER

1. Do you agree with Grading given by the reporting officer? ( YES/NO)

2. If NO, state the reason ( not more than 30 words)

Place: Signature of Reviewing Officer/Principal

Name in Block Letters:

Date:

Designation :

Seal

PART-IV

REMARKS OF THE ACCEPTING AUTHORITY

Place: Signature of Accepting Authority

Name in Block Letters:

Date:

Designation :

Seal