

## Performance Based Appraisal System (PBAS)

### Self-Appraisal Form (Teaching Faculty) (For AY 2021-22)

#### PART-A: GENERAL INFORMATION

- 1) Name of the Faculty member :
- 2) Department :
- 3) Designation :
- 4) Date of joining I²IT :
- 5) Teaching experience in I²IT (no. of years):
- 6) Teaching experience in other Institutes (no. of years):
- 7) Total teaching experience (no. of years):
- 8) Total industry experience (no. of years):
- 9) Total teaching and industry experience (no. of years):

#### PART B: ACADEMIC PERFORMANCE INDICATORS (API)

(Please see detailed guidelines of this PBAS Performa before filling out this section)

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

##### 1. Lectures, Tutorials, Practicals, Contact Hours (Give semester-wise details, wherever necessary)

Sr. No.	Theory / Practical Course	Class & Semester	Contact Hours Planned for Semester	Sum of contact Hours Planned (A)	Conducted Number of Hours	Sum of Conducted Hours (B)	Percentage = (B*100)/A
			L= P=		L= P=		
			P=		P=		
			L=		L=		
Perceived Score by Faculty:					Score by Evaluation Committee:		

L =Lecture, P =Practical

**2. Additional Efforts taken for Improvements in Learning:**

Sr. No.	Theory / Practical Course	Additional Efforts for Learning (in hours)*			Total= A+B+C	Grand Total
		A	B	C		
Perceived Score by Faculty:				Score by Evaluation Committee:		

\*Meaning of A, B, C is mentioned in PBAS Guidelines (Category 1, Point 2)

**3. Preparation of Outcome Based Course Files / Teaching Plan:**

Sr. No.	Name of the Course	Description	Status of Completion (in %)
Perceived Score by Faculty:		Score by Evaluation Committee:	

**4. Preparation of Learning Resources (in the form of PPTs /Handouts/Clippings-only self-prepared)**

Sr. No.	Class & Course	Description
Perceived Score by Faculty:		Score by Evaluation Committee:

**5. Examination Duties and Evaluation (Mention Institutional and University Level)**

(Test Papers Assessment/ Assignments/C.A. of Practical's/ University Examinations/ Administering Internal Examination-Administration or Supervision/ Assessment Duties/ Paper setting)

Sr. No.	Types of Examination Duty Assigned	Description of Duty Carried out
Perceived Score by Faculty:		Score by Evaluation Committee:

**6. Student Feedback:**

Sr. No.	Name of Course	Average feedback
Perceived Score by Faculty*:		Score by Evaluation Committee:

\*Scale the Student feedback to the scale of 25  
(Attach feedback sheets as proof)

## 7. Result Analysis:

Sr. No.	Name of Course	% passed students
Perceived Score by Faculty*:		Score by Evaluation Committee:

\*Scale the result analysis to the scale of 25  
(Attach result analysis sheets as proof)

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

#### **1. Student related Co-Curricular and Field-Based activities:**

Sr. No.	Mention Category*	Description	Perceived score
Total Perceived Score by Faculty:		Score by Evaluation Committee:	

\*Categories are mentioned in PBAS guidelines (Category 2, Point 1)

#### **2. Contribution to Corporate Life and Management of Department through Participation in Academic and Administrative Committees and Responsibilities:**

Sr. No.	Mention Category*	Description	Perceived score
Total Perceived Score by Faculty:		Score by Evaluation Committee:	

\*Categories are mentioned in PBAS guidelines (Category 2, Point 2)

#### **3. Professional Development Activities within Institute:**

Sr. No.	Mention Category*	Description	Perceived score
Total Perceived Score by Faculty:		Score by Evaluation Committee:	

\*Categories are mentioned in PBAS guidelines (Category 2, Point 3)

#### **4. Accomplishment of Portfolio:**

Sr. No.	Portfolio assigned in the department	Accomplishments	Perceived score
Total Perceived Score by Faculty:		Score by Evaluation Committee:	

**5. Any significant contribution at Institute level (not covered earlier):**

Sr. No.	Name of activity	Accomplishments
Perceived Score by Faculty:		Score by Evaluation Committee:

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

**1. Research Papers: (Journal / Conference proceedings)**

Mention Category Alphabet*	Title of Paper	Name of the Journal / Conference	ISSN/ ISBN No.	Impact Factor, if any	Year & Month of Publication
Perceived Score by Faculty:			Score by Evaluation Committee:		

\*Categories are mentioned in PBAS guidelines (Category 3, Point 1)

**2. Publications: (Book/ Book Chapters)**

Sr. No.	Mention Category Alphabet*	Title of Book/Author	Name of Editor, Publisher	ISSN/ ISBN No.	Year & Month of Publication	Chapter Numbers
Perceived Score by Faculty:				Score by Evaluation Committee:		

\*Categories are mentioned in PBAS guidelines (Category 3, Point 2)

**3. Research Projects/Patents/UGC/DST/AICTE Projects:**

Sr. No.	Mention Category*	Title	Agency	Period	Amount Mobilized (In Rs.)	Patent details (if applicable)
Perceived Score by Faculty:				Score by Evaluation Committee:		

\*Categories are mentioned in PBAS guidelines (Category 3, Point 3)

**4. Training Programmes/ Conferences/ Workshops/ Seminars Attended:**

Sr. No.	Mention Category*	Title of Programme	Organized by	Duration (From--To)	Follow –up activity undertaken	Remark by HOD regarding follow-up	Total number of days
<b>Perceived Score by Faculty:</b>					<b>Score by Evaluation Committee:</b>		

\*Categories are mentioned in PBAS guideline (Category 3, Point 4)

**5. Invited Lectures or Presentation in Workshop/Seminar/ Conference:**

Sr. No.	Mention Category*	Title of Lecture/ Academic Session	Title of Conference /Seminar etc.	Organized by	Date
<b>Perceived Score by Faculty:</b>			<b>Score by Evaluation Committee:</b>		

\*Categories are mentioned in PBAS guidelines (Category 3, Point 5)

**6. Research/ Project Guidance:**

Sr. No.	Mention Category*	Number of Students	Mention Students' Name, Branch, Dissertation/Project Topic
<b>Perceived Score by faculty:</b>			<b>Score by Evaluation Committee:</b>

\*Categories are mentioned in PBAS guidelines (Category 3, Point 6)

I certify that the information provided is correct as per records available and/or documents enclosed along with duly filled PBAS Performa.

Place: Pune  
Date:

Name and signature of the Faculty  
Designation:

**Forwarded through, the HoD:**

Observations &Remarks of HoD:

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Signature of Head of Department

**(For Office Use Only)**

Sr. No.	Part	Category	Total Score
1.	B	I	
		II	
		III	
Grand Total			

**Remarks by Evaluation Committee:**

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**Recommendations by Evaluation Committee:**

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**Name(s) and signature(s) of Evaluation Committee Members:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Signature of Principal**

## Self Appraisal Form

(Performance Review AY 2021-22)

<b>Name</b>	
<b>Age</b>	
<b>Date of Joining</b>	
<b>Administrative Section/ Dept.</b>	
<b>Designation</b>	
<b>Immediate Superior</b>	

### Academic Qualification (SSC to Post graduation):

Educational Qualification					
Examination	Name of Board / University	Year of Passing	% of Marks obtained	Division / Class / Grade	Subjects / Specialization

**Additional Qualifications:**


Experience	Years	Months
<b>In I²IT</b>		
<b>Other than I²IT (Total)</b>		
<b>Total Experience</b>		

**Posts held after appointment to this Institution:**

Designation	Department	From	To	Gross Pay

**Leave record:****Type of Leave****Availed**

Casual Leave

Medical Leave

Earn Leave (if applicable)


**Type of Leave****Availed**

Study Leave

Vacation Leave (if applicable)

On-duty Leave




<b>Rate yourself (on a scale of 1 to 5) for following:</b>		
<b>Particulars</b>	<b>Self Rating</b>	<b>Immediate Superior Rating</b>
The ability to demonstrate professional skills and knowledge of the responsibilities and duties assigned to the position		
The ability to produce accurate, neat, and thorough work, whether self-initiated or supervised		
The ability to think and act without being instructed in great detail		
The ability to reach logical, responsible, and timely decisions		
The ability to accept change and adapt to a variety of assignments		
The ability to work with colleagues in a collective effort to accomplish institutional goals and objectives		
The ability to demonstrate willingness to assume and implement the responsibilities of the position		
The ability to conform to established work schedule and be available to perform responsibilities and provide administrative support		
The ability to communicate effectively with the public; the degree to which employee is able to project a courteous and helpful image		
The ability to meet deadlines and prioritize workload and to produce the required amount of work to meet the needs of the institution		
The ability to ensure that activities are coordinated by setting goals, specifying objectives, anticipating contingencies, and utilizing allocated resources for the attainment of departmental and institutional goals		
Clearly expresses ideas. Readily shares appropriate work-related information		
Reflects that accuracy, volume, and timely manner in which work is performed. Also recognizes ability to determine priorities and maximize efficiency		
Reviews facts and data, using sound judgment, to arrive at the most effective solution		
Builds productive rapport with employees at all levels within and outside the departments. Treats others with fairness, dignity and respect		
Adjuncts performance to accommodate changes in departmental direction and process		
Explores and suggests new approaches and methods to effect departmental goals and responsibilities		
Consistently adheres to set work schedules		

### KEY PERFORMANCE INDICATOR (KPI)

Definition: A measure (quantitative or qualitative) that enables the overall delivery of a service / activity in a timely manner making optimum usage of resources of the organization at all time. KPI's for assessment should be few in number and focus on the service's potential contribution to the success of the organization.

Please identify and list out a minimum of 10 Key Responsibilities and submit your self-evaluation ratings in the table given below:

Sr. No.	Key Responsibilities	Allocated Points	Self Rating	Reviewer Rating
		10		
		10		
		10		
		10		
		10		
		10		
		10		
		10		
		10		
		10		
	Total	100		

**Date:**

**Signature of Employee**

**For Office Use Only:**

Current Salary Details			
Pay Band			
Basic Pay		Grade Pay	
Gross Pay		Net Pay	
Special Allowances (If any)			
Any Other Monetary Component (Reimbursed / Disbursed / Incurred)			CTC

**Observations & Recommendations of the Section Head / Head of the Department:**

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**Observations & Recommendation of the Evaluation committee:**

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**Signature of Immediate Superior****Signature of HoD****Signature of Principal**