



Annual Performance Assessment Report Form FOR

PROFESSOR / ASSOCIATE PROFESSOR / ASSISTANT PROFESSOR / TUTOR

Name of the employee: _____

Department: _____

Designation: _____

Date of appointment in IUST: _____

School : _____

Report for the year/ period ending, from _____ to: _____

Period of authorized absence from duty (leaves etc.) during the year _____

Signature of the employee

Name :

Designation:

Department:

Part I- SELF APPRAISAL

(To be filled in by the officer reported upon)

1. Brief description of duties (including courses taught at UG, PG and Doctoral level, teaching methods employed, curriculum development, industrial interaction, patents obtained, steps taken for resource generation, administrative assignment(s)/member of Committees, Institutional social responsibilities etc.)

2. Teaching Work Load per week (Quantitative) :

Name of the Course	Theory	Practical's

3. Details of published/ research papers in referred journals, books, monographs, reviews chapter in books, translations & creative writing etc. if any during period under review. Also give details about participation in Conferences, Seminars, Workshops, refresher or orientation courses attended:

i) Research papers published (Name of the Journal/Title/ Authorship/Impact factor):	
ii) Books / Monographs/ Reviews/ Translations/ Creative Writing:	
iii) Participation in Conferences/ Seminars/ Workshops/ Refresher or Orientation Courses :	
iv) Patents (if any):	
v) Additional qualifications acquired if any:	

4. Details of Guidance / Co Guidance:

- i) U.G. and P.G. Project Guidance / Co –Guidance:
- ii) Ph.D Guidance / Co –Guidance:
- iii) Sponsored Research Guidance / Co- Guidance:

5. Details of sponsored research projects, if any, granted/applied:

I certify that the information's given above are correct and factual to the best of my knowledge.

Signature _____

Name _____

Department _____

Dated: _____

Part - II - NUMERICAL ASSESSMENT OF THE REPORTING OFFICER

(Period of assessment should be more than six months)

1. Whether you agree with the self-assessment described by the employee at Part I :

Yes

No (please give reasons)

2. Numerical grading is to be awarded by Reporting Authority which should be on a scale of 1-10, where 1 refers to the lowest grade and 10 is the highest grade.

S. No	Attributes	Grading
1.	Communication skills	
2.	Regularity and Punctuality	
3.	Interpersonal relations and Trustworthiness	
4.	Conduct	
5.	Initiative	
6.	Decision making ability	
7.	Supervisory ability	
8.	Analytical ability	
9.	Ability to manage the class and maintain discipline among the students	
10.	Overall numerical grading	

3. Remarks, regarding:
- a) Student Feedback:
 - b) Contribution toward research & allied areas:
 - c) Any other :

Signature of the Reporting Officer

Name in Block Letters: _____

Designation: _____

Date: _____

Part III - REMARKS OF THE REVIEWING OFFICER

Do you agree with the assessment of the Reporting Officer?

In case of disagreement, please specify the reasons. Is anything you wish to modify or add?

Signature of the Reviewing Officer:

Name in block letters: _____

Dated: _____

Designation: _____

PART – IV - (To be filled in by the Accepting Authority)

Declaration of the accepting Authority:

Dated _____

Signature of the Accepting Authority