

IQAC, MARIANI COLLEGE

FORMAT FOR ANNUAL APPRAISAL OF TEACHERS

SESSION: _____

GENERAL INFORMATION

Name (IN BLOCK LETTERS) :

Date of Birth :

Gender :

Present Designation :

Department :

Educational Qualification :

Date of Appointment :

Date of last Promotion :

**Date of eligibility for next promotion :
(If Applicable)**

E-mail id :

Contact No. :

Date of Submission :

Signature with date :

Research Degree (M.Phil/ Ph.D/ Any other):**Examination and Qualification (NET/ SLET/ SET/ Any other):****Post Doctoral Research Experience (If any) (in years):**[illegible]

TEACHING RECORDS

CERTIFICATE FROM HEAD OF THE DEPARTMENT/ VICE-PRINCIPAL

This is to certify that Mr./Ms./Dr. _____ (Name in BLOCK letters), Associate Professor/ Assistant Professor (Stage I/ State II/ Stage III), Department of _____, Mariani College, attended all the classes allotted in the daily class routine. She/ He gives regular instructions as per curriculum with the prescribed material, and syllabus enrichment by providing additional resources to the student. All the data regarding the teaching and other related activities of the teacher have been provided in the format given below.

Session:

Teaching: $(\text{Number of Classes Taught} / \text{Total Classes Assigned}) \times 100\%$

*Classes Taught includes tutorials, lab and other teaching related activities.

Semester	Classes Assigned (Hours per week)	Classes Assigned during the Session	Classes Taught during the Session	Percentage of Classes Taught During the Session
Total Percentage of Classes Taught During the Session				

Signature of the Teacher
Designation:
Date:
Place:

Head/ Vice-Principal
Mariani College,
Mariani,
Assam

RECORD OF EXAMINATION & EVALUATION DUTIES

CERTIFICATE FROM HEAD OF THE DEPARTMENT/ VICE-PRINCIPAL

The record of Internal & External Examination Duties of Mr./Ms./Dr. _____ (Name in BLOCK letters), Associate Professor/ Assistant Professor (Stage I/ State II/ Stage III), Department of _____, Mariani College, has been provided in the format given below. She/ He has carried out the Semester/ Annual Examination works of the Department as per duties allotted.

Session:

Semester	Date	Nature of Duty (Invigilator/Paper Setter/ Paper Evaluator)	Duties Assigned by (College/ University)	Type of Examination (Internal/ External)
Total number of Duties during the year				

Signature of the Teacher
Designation:
Date:
Place:

Head/ Vice-Principal
Mariani College,
Mariani,
Assam

ACADEMIC AND RESEARCH ACTIVITIES

1. Research Paper in Peer reviewed or UGC-CARE listed or SCOPUS INDEXED Journals:

Sl. No.	Title of the Paper with page nos.	Journal & Date of Publication	ISSN	Whether Peer Reviewed/ Impact Factor, if any	No of Co-Author	Whether you are the Supervisor/ Mentor/Main Author

2. Publications (other than Research Paper):

(a) Books Authored/ Editor of Books:

Sl. No.	Title of the Book	ISSN/ISBN	National/ International	No of Co-Author(s)	Main Author (Yes/No)

(b) Chapter in Edited Book:

Sl. No.	Title of the Paper	Title of the Book	ISSN/ISBN	National/ International	No of Co-Author	Main Author (Yes/No)

(c) Translation works in Indian and Foreign Languages by qualified faculties:

Sl. No.	Title of the Book	ISSN/ISBN	National/ International	No of Co-Author(s)	Main Author (Yes/No)

3. Creation of ICT mediated Teaching Learning pedagogy and content and development of new and innovative courses and curricula:(From Participation in the development of e-content)

(a) Development of Innovative pedagogy:

Sl. No.	Programme (UG/PG)	Nos.	Name of the Course/s
Total			

(b) Design of new curricula and courses:

Sl. No.	Programme (UG/PG)	Nos.	Name of the Course/s
Total			

(c) MOOCS:

Sl. No.	Programme (UG/PG)	Nos.	Name of the Course/s
Total			

(d) E-Content:

Sl. No.	Institute	Module Name	Course

4. (a) Research Guidance as Supervisor or Co-Supervisor:

M.Phil

Sl. No.	Name	Title of Dissertation	Year of Award

Ph.D

Sl. No.	Name	Title of Dissertation	Year of Award

(b) Research Project Completed:

SI. No.	Title	Agency	Period	Grant/amount mobilized (Rs. Lakh)	Whether policy document patent as outcome

(c) Research Project Ongoing:

SI. No.	Title	Agency	Period	Grant/ amount mobilized (Rs. Lakh)

(d) Consultancy:

5. (a) Patents:

(b)*Policy document (Submitted to an International body/organization like UNO/UNESCO/World Bank/International Monetary Fund etc. or Central Government or State Government)

(c) Awards/ Fellowships:

6. Invited Lectures/Resource Person/ paper presentation in Seminars/ Conferences/ full paper in Conference Proceedings:

Sl. No.	Title of Lecture/Academic Session/Paper presented	Title of Conference/Seminar etc.	Organized by	Whether international/national

Date:
Place:

Signature of the Teacher

OTHER RELEVANT INFORMATION

Please give details of any other credential, significant contributions, award received etc. not mentioned earlier.

Sl. No.	Details (mention year, value etc where relevant)				

Date:
Place:

Signature of the Teacher

SELF-DECLARATION

I hereby declare that I have fulfilled all the duties related to Teaching, Examination and other activities allotted to me by the Department and College. All the information provided by me regarding teaching and teaching-related activities, Examination and Evaluation Duties assigned by the college/ university or attending the examination paper evaluation, Academic and Research Activities and all other information related to me are true to the best of my knowledge, information and belief. I am fully aware about the fact that if any information given by me is found to be false or misleading at any point of time, I will have to face consequences as deemed by the concerned Authority of the Institution.

Date:
Place:

Name & Signature of the Teacher
Designation:
Department