



MANSAROVAR DENTAL COLLEGE

Mansarovar Campus, Rani Avanti Bai Marg, Village- Hinotia Aalam,

Ward No. 84, Kolar Road, Bhopal (M.P) 462042

Tel: +91-9111777225, 761158888. Website: www.mansarovardentalcollege.com

6.3.5 Performance Appraisal System



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GUIDELINES ON "PERFORMANCE APPRAISAL SYSTEM FOR TEACHING AND NON- TEACHING STAFF

I. OBJECTIVE


It is proposed to introduce a transparent and objective Performance Appraisal Scoring System (PASS) for teaching and non-teaching staff based on the guidelines issued by the UGC and DCI for the academic years. The objective of this scheme is to motivate each member to perform better and give quality education and give better performance in the field of research as well. The results of this assessment shall be used for the following purposes:

- (i) Award of annual increment in the pay scale
- (ii) Award of special increments and rewards in recognition of superior performance.
- (iii) Award of career advancement / promotion

II. PERIOD OF ASSESSMENT AND PERFORMANCE INDEX

Assessment shall be carried out every academic year after completion of the academic year ending 30th June. The overall performance of a teacher during an academic year is reflected through a single index termed as "Faculty Performance Index (FPI)" which is based on a 5-point grade system as given below:

<u>Grade</u>	<u>Grade Description</u>	<u>Grade Point</u>
A	Outstanding	5
B	Very Good	4
C	Good	3
D	Satisfactory	2
E	Unsatisfactory	1


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III. PERFORMANCE APPRAISAL SCORING SYSTEM REPORT

To facilitate performance assessment, a "Performance Appraisal Scoring System (PASS) Report" has been specially designed (copy enclosed). The report comprises four parts. Part I is "Faculty general information" and Part II is "Academic Achievements" to be filled up by the faculty member. Part III is "Assessment by the HOD" to be filled up by the respective H.O.D and Part IV to be filled in by the Principal.

IV. COMPONENTS OF ASSESSMENT AND PERFORMANCE INDICES

The job responsibilities of a faculty member can be broadly categorized into four components which are given below:-

No.	Category
1	Academic Activities
2	Research Activities
3	Extension Activities
4	Administrative Activities

The details of these components and their sub components are given below.

1. Academic Activities: - Teaching

1. Teaching load and regularity in taking class
2. Number of lectures, practicals and clinical posting taken in a year,
3. Research guidance to students
4. Innovations / experiments introduced in the course
5. Contribution in Curriculum Development
6. Work Knowledge and Academic Proficiency
7. Student Co-ordination


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2. Research Activities:-

1. Research Publications done in indexed journals (by DCI), sole author book or chapter published in a book

2. Guide of students doing UG/PG/Ph.D research work (in current assessment period)

3. Extension Activities :-

1. Participated in any training courses, teaching-learning-evaluation technology programmes, faculty development programmes.
2. Attended any workshops (special skills/ training).
3. Attended any cde/conferences/symposium at state, national or international level.


4. Administrative Activities :-

Organization of

1. Seminars
2. workshops
3. special lectures
4. faculty development programme.

IMPLEMENTATION OF THE SYSTEM

The Performance Appraisal Scoring System may be processed in the month of August every year by which time all the required information including Academic Audit Reports will be available. Every member of faculty will have to fill up the PASS Report and submit to the Head of the Department on or before the last day announced. While filling up the Report, the faculty member shall give all the details pertaining to the activities and achievements and enclose copies of document in support of the claim.


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The Head of the Department shall verify all the statements made by the faculty member, by checking the enclosed documents. The PASS Report shall be forwarded by the HOD to the Principal by the end of second week of August which is further submitted to Sri Sai Gramthom samithi through chairman of the society

CONCLUSION

The proposed Performance Appraisal Scoring system may be reviewed after the first year of implementation for possible improvement.

Encl: A copy of "Performance Appraisal Scoring System (PASS) Report".


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TEACHING FACULTY SELF APPRAISAL FORM

(From 1st JUNE 20 to 31st MAY 20)

Faculty (field) :	
Name of the College :	Mansarovar Dental College
Department :	

PART I FACULTY GENERAL INFORMATION

1.1	Name of Faculty	
1.2.	Date of Birth/Age (in years)	
1.3	Address/ Phone Number	
1.4	Qualification/ Specialization	
1.5	Designation/ Department	
1.6	Graduation (year of passing /Institution) (B.D.S/ M.B.B.S/ B.Sc.)	
1.7	Post Graduation (year of passing /Institution)(M.D.S/ M.S./M.D/M.Sc.)	
1.8	Additional Qualification (Ph.D) Fellowships /Certificate Courses	
1.9	Membership of professionalbodies / organizations (with positions held, If any):	
1.10	Any Awards	


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2	Total Teaching Experience						
2.1	Date of Joining (Current Institution)						
2.2	Date of Joining (At the present Post)						
PART II ACADEMIC ACHIVEMENTS							
3	Research, Publications and Academic Contributions(As per DCI, published during current assessment period only)						
3.1	Published Papers in Journals						
	S.NO	TYPE OF PUBLICATION (ORIGINAL, CASE REPORT, ETC.)	NAME OF THE JOURNAL	TITLE OF PUBLICATION (VOL NO:-)	AUTHOR SHIP	POINTS (AS PER DCI)	INDEXING
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						


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3.2 Articles / Chapters published in Books				
S.No.	TITLE WITH PAGENO'S	BOOK TITLE	EDITOR & PUBLISHER	AUTHORSHIP
1.				
2.				

3.3 CDE/CONFERENCES/SYMPOSIUM (STATE/NATIONAL/INTERNATIONAL)				
S.No.	TITLE	DATE	ANY PRESENTATION (PAPER/ POSTER)	TITLE OF PAPER/ POSTER(IF PRESENTED)
1.				
2.				

3.4 UG/PG/Ph.D RESEARCH (in current assessment period)			
S.No.	NAME OF STUDENT	UG/PG/Ph.D RESEARCH	RESEARCH TOPIC
1.			
2.			
3.			
4.			
5.			


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3.5	Training Courses, Teaching-Learning-Evaluation Technology Programmes, Faculty Development Programmes				
	S.No:-	PROGRAMME	DURATION	DATE & PLACE	ORGANIZED BY
	1.				
	2.				
	3.				
3.6	WORKSHOP (SPECIAL SKILLS/ TRAINING)				
	S.No:-	AREA	PLACE	DATE/YEAR	
	1.				
	2.				
	3.				
	4.				
	5.				
3.7	Additional Contributions which are not covered above and which are relevant for the assessment				


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4. TEACHING EXPERIENCE

Class	Assigned per week			Taught in the year			Steps taken for completion, missed during absence or leave
	Lectures	Practical	Clinics	Lectures	Practical	Clinics	
UG (I/II/III/IV Yr.)							
PG (I/II/III Yr.)							

5. MEMO/SHOW CAUSE/TEMP. SUSPENSION

S.N.	Date	Reason of Memo/show cause/Temp. Suspension	Action Taken
1.			
2.			
3.			

Date:

Signature of Faculty Member

Observation of the Head of the Department:

Observation of the Principal:


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PART III
Assessment by the HOD

Length of service under the reporting faculty:

Kindly provide the assessment on the five point scale in respect of the following parameters.

Outstanding *Very Good* *Good* *Satisfactory* *Unsatisfactory*
5 4 3 2 1

Please indicate the evaluation on each parameter by putting in the appropriate number in the column opposite the parameter.

In case the rating is unsatisfactory, please give reasons thereof separately.


A. Academic Assessment on the basis of information filled up by the Faculty above.

Keeping in view the information furnished by the faculty member, please provide your assessment on the following parameters: (Weightage – 50)

Assessment on Five Point scale

(1)	Teaching load and regularity in taking class	
(2)	Research guidance to students	
(3)	Any Projects completed other than the student's projects.	
(4)	Innovations / experiments introduced in the Course	
(5)	Contribution in Curriculum Development	
(6)	Intellectual capital (Books / Articles/ Patents/ Talks)	
(7)	Publication in Journals	
(8)	Organizing and participation in Seminars/ workshops, special lectures, FDP's, Summer institutes	
(9)	Membership or Fellowship of Professional / Academic bodies	
(10)	Extra Duty	

Total (A) : _____


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B. Performance and General Attributes (Weightage - 50)(Assessment on Five Point scale)

(1)	Knowledge in the sphere of clinical work and Quality of Output	
(2)	Communication skills (Oral and written) and aptitude to Work	
(3)	Ability to inspire and motivate	
(4)	Interpersonal relations and team work	
(5)	Integrity and Trustworthiness	
(6)	General conduct, Leadership Skills and Technical Ability	
(7)	Work Knowledge and Academic Proficiency	
(8)	Patient Service, Patient relation and Quality of treatment	
(9)	Punctuality, Cooperation with Seniors and colleges and Communication Skills	
(10)	Student Co-ordination	

Total (B) : _____


C. General assessment taking all the above parameters

Total (A) + (B): _____

Outstanding *Very Good* *Good* *Satisfactory* *Unsatisfactory*
91-100 71-90 51-70 40-50 Upto 40

Signature of the HOD :

Date:


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PART IV
To be filled in by the Principal

1. Length of service under the Reviewing faculty:-
2. Are you satisfied that the Reporting Faculty has made his / her report with due care and after taking into account all the relevant material
3. Do you agree with the assessment of the Faculty Member given by the H.O.D?
4. Remarks about any meritorious work or otherwise of the Faculty Member.
5. Remark about grading of the Faculty Members by the Head of the Department.
6. Has the Faculty Member any special characteristics, and/or any abilities which would justify his/her selection for special assignment. If so, specify.


Signature of the Principal

Place:

Name in Block Letters

Date:

Designation
(During the period of Report)


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NON-TEACHING STAFF SELF APPRAISAL FORM


(From 1st JUNE ___ to 31st MAY 20___)

Name of Institute :

General Information

1. Full Name of Employee :
(Surname) (Name) (Father's/Husbands name)
2. Designation : Department :
3. Date of Joining : In the Institution : In the Present Post :
4. Date of Birth : Age :
5. Permanent Address :
6. Contact No. : Mo..... Residence :
7. Qualification : Passing Year :
8. Computer Knowledge :
9. Typing course :
10. Your brief current Job Responsibilities:

S.N.	Work/job responsibility	Verification by HOD (Yes/No)
1		
2		
3		
4		
5		
6		
7		
8		
9		



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Assessment Report regarding ability and character of employee

Note: Remarks will be given against each activity and in the overall Observation column assessment has to be done in five points scale i.e. Very Good, Good, Fair, Average and below average.

SN	Activity	To be filled by employee	To be filled by Head of Department/ Incharge Faculty
		Yes/No/NA	Observations of HOD/Incharge Faculty
1	SELF AWARENESS AND ATTENDANCE & ATTITUDE TOWARDS CO-WORKERS		
	Do you reach duty on time? And also reach your work place on time?		
	Do you know rules, regulations, policies & procedures of the Institution?		
	Do you take leave only with prior permission of your HOD?		
	When unplanned leave is taken do you inform your HOD or Administrator?		
	Do you follow rules of Uniforms, I-Cards?		
	Are you cooperative to the needs of your colleagues?		
	Overall observations of HOD/ Incharge Faculty (Very Good, Good, Fair, Average and below average)		
2	STAFF/STUDENT RELATIONS -		
	Are you perceptive to the needs of the student, faculty and institutional needs?		
	Are you sensitive to the needs of the student, faculty and institutional needs?		
	Overall observations of HOD/ Incharge Faculty (Very Good, Good, Fair, Average and below average)		
3	DEPENDABILITY -		
	Do you carry through your tasks/ areas of management assigned to you in a responsible manner?		
	Overall observations of HOD/ Incharge Faculty (Very Good, Good, Fair, Average and below average)		

Sr. no	Activity	To be filled by employee	To be filled by Head of Department/ Incharge Faculty
		Yes/No/NA	Observations of HOD/ Incharge Faculty
4	INITIATIVE -		
	Do you take self- driven initiatives to improve your work?		
	Do you offer suggestions to the responsible authorities offering suggestions for improvements in work practices?		
	Overall observations of HOD/ Incharge Faculty (Very Good, Good, Fair, Average and below average)		
5	RESPONSE TO SUPERVISION -		
	Do you positively respond to any instruction, guidance, correction and discipline by your superiors?		
	Do you have respect to your superiors?		
	Overall observations of HOD/ Incharge Faculty (Very Good, Good, Fair, Average and below average)		
6	METHOD OF EXPRESSION -		
	Do you have the ability and ease in expressing ideas, opinions and information clearly and accurately, both orally and in writing?		
	Overall observations of HOD/ Incharge Faculty (Very Good, Good, Fair, Average and below average)		
7	POTENTIALITIES		
	Do you have the talent, ability to respond to training or ambition for growth?		
	Overall observations of HOD/ Incharge Faculty		


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	(Very Good, Good, Fair, Average and below average)		
8	JOB KNOWLEDGE -		
	Do you possess good knowledge of your daily work for all aspects of the job to perform your job functions satisfactorily?		
	At the end of the day do you report your whole day work to your superiors?		
	Do you maintain proper work record of your Department?		
	Do you see the maintenance of equipments, machinery, Kits, Vehicles, cleanliness of vehicles, Department, laboratories?		
	Do you meet work standards and complete all works always on time and focus on your work only?		
	Overall observations of HOD/ Incharge Faculty (Very Good, Good, Fair, Average and below average)		

Date :

.....
Name of Employee

.....
Signature of Employee

Sr. no	Parameters	To be filled by the Incharge					Bellow Average
		Yes/No	V. Good	Good	Fair	Average	
1	Administrative ability including judgment, initiative, promptness and drive.						
2	Fit to continue in the present post?						
3	Would you like to have him/her in your department?						

Memo/Show cause/Temp. Suspension

Sr. No.	Reason of Memo/show cause/Temp. Suspension	Action Taken

Date :

Name of the Incharge:

Designation:

.....
Signature of PRINCIPAL/HOD/INCHARGE

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