

MANSAROVAR DENTAL COLLEGE

Kolar Road, Bhopal

("Recognized by Dental Council of India, New Delhi & Affiliated to MP Medical Science University, Jabalpur")

TEACHING FACULTY SELF APPRAISAL FORM

(From 1st JUNE 20 22 to 31st MAY 20 23)

Faculty (field) :	Dentistry
Name of the College :	Mansarovar Dental College
Department :	Conservative Dentistry & Endodontics

PART I FACULTY GENERAL INFORMATION

1.1	Name of Faculty	Dr. Sagar. Khanmer.
1.2.	Date of Birth/Age (in years)	06 / 09 / 1983.
1.3	Address/ Phone Number	A 903 Greenwood Residential Complex Andheri East. Mumbai - 93.
1.4	Qualification/ Specialization	BDS - MDS - Master - Conservative Dentistry & Endodontics
1.5	Designation/ Department	Professor / Conservative Dentistry & Endodontics
1.6	BDS (year of passing /Institution)	2006 - SDM - Dental College, Dharwad.
1.7	MDS (year of passing /Institution)	2009-10 - D.Y. Patil Dental College, Navi Mumbai
1.8	Additional Qualification / Fellowships/ Certificate Courses	International Faculty Development Program. on Qualitative & Quantitative Research Design
1.9	Membership of professional bodies / organizations (with positions held, If any) :	I.E.S.
1.10	Any Awards	—

2	Total Teaching Experience						
2.1	Date of Joining (Current Institution)	3 rd Feb. 2013.					
2.2	Date of Joining (At the present Post)	18 th Aug. 2019.					
PART II ACADEMIC ACHIEVEMENTS							
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:-)	AUTHORSHIP	POINTS (AS PER DCI)	INDEXING
	1	—	—	—	—	—	—
	2	—	—	—	—	—	—
	3	—	—	—	—	—	—
	4	—	—	—	—	—	—
	5	—	—	—	—	—	—

3.2	Articles / Chapters published in Books			
	TITLE WITH PAGENO'S	BOOK TITLE	EDITOR & PUBLISHER	AUTHORSHIP
	—	—	—	—
	—	—	—	—
	—	—	—	—

3.3 CDE/CONFERENCES/SYMPOSIUM (STATE/NATIONAL/INTERNATIONAL)				
S.No.	TITLE	DATE	ANY PRESENTATION (PAPER/POSTER)	TITLE OF PAPER/POSTER(IF PRESENTED)
1.	Simplified Esthetic in Anterior Composite Restorations	3/10/2022	—	—
2.	Clinical Application of Lamina Veneers	5/01/2023	—	—

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

3.5 Training Courses, Teaching-Learning-Evaluation Technology Programmes, Faculty Development Programmes				
PROGRAMME	DURATION	DATE & PLACE	ORGANIZED BY	
FDP-Q&R.	6 days.	1 st May to 6 th May, 2023 (online)	Endoxia Research Institute USA in Association with Endoxia Research Center India	

3.6	WORKSHOP (SPECIAL SKILLS/ TRAINING)		
S.No:-	AREA	PLACE	DATE/YEAR
1.	Maxillo-facial Prosthesis By Anika Gupta	MDC, Bpl.	10/9/22.
2.	Simplex Esthetics in Bonded Composite By Taimur Sheikh	MDC, Bpl.	3/10/22.
3.	IACDE - Magic of MTA.	MDC, Bpl.	17/11/22.
4.	IACDE - Instrument. Retrieval	MDC Bpl.	17/11/22
5.	Clinical Application of LASER in Dentistry	MDC - Bpl.	5/1/23.
3.7	Additional Contributions which are not covered above and which are relevant for the assessment		
—			

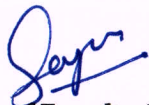
4. TEACHING EXPERIENCE

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
.	—	— NR —	—
	—	— NR —	—
	—	— NR —	—

Date: 31/05/2023


Signature of Faculty Member

Observation of the Head of the Department:

Observation of the Principal:

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

(i)	Teaching load and regularity in taking class	4
(ii)	Research guidance to students	4
(iii)	Any Projects completed other than the student's projects.	4
(iv)	Innovations / experiments introduced in the Course	5
(v)	Contribution in Curriculum Development	4
(vi)	Intellectual capital (Books / Articles/ Patents/ Talks)	4
(vii)	Publication in Journals	4
(viii)	Organizing and participation in Seminars/ workshops, special lectures, FDP's, Summer institutes	4
(x)	Membership or Fellowship of Professional / Academic bodies	3
(xi)	Extra Duty	3

Total (A) : 39

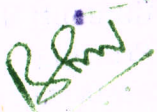
B. Performance and General Attributes (Weightage - 50)(Assessment on Five Point scale)

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

Total (B) : 37

C. General assessment taking all the above parameters
Total (A) + (B): 76

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



Signature of the HOD :

Date:

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.

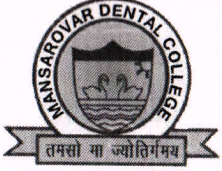


Signature of the Principal
Dr. B. Gurudutt Nayak
Principal
Mansarovar Dental College
Name in Block Letters

Place:

Date:

Designation
(During the period of Report)



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("Recognized by Dental Council of India, New Delhi & Affiliated to MP Medical Science University, Jabalpur")

TEACHING FACULTY SELF APPRAISAL FORM

(From 1st JUNE 2022 to 31st MAY 2023)

Faculty (field) :	DENTISTRY
Name of the College :	Mansarovar Dental College
Department :	PROSTHODONTICS AND CROWN & BRIDGE

PART I FACULTY GENERAL INFORMATION

1.1	Name of Faculty	Dr. Rashmi Singh
1.2.	Date of Birth/Age (in years)	12.06.1992
1.3	Address/ Phone Number	87 LALA LAJPAT RAI COLONY, RAISEN ROAD NEAR PUNJABI BAGH BHOPAL (M.P.) 462023 Ph. - 7400741191
1.4	Qualification/ Specialization	M.D.S / PROSTHODONTIST
1.5	Designation/ Department	SENIOR LECTURER / PROSTHODONTICS AND CROWN & BRIDGE
1.6	BDS (year of passing /Institution)	2016 / MANIPAL COLLEGE OF DENTAL SCIENCES, MANGALORE
1.7	MDS (year of passing /Institution)	2020 / D.Y. PATIL DENTAL COLLEGE & HOSPITAL, PUNE
1.8	Additional Qualification / Fellowships/ Certificate Courses	
1.9	Membership of professional bodies / organizations (with positions held, If any) :	INDIAN PROSTHODONTIC SOCIETY (IPS)
1.10	Any Awards	

2	Total Teaching Experience						
2.1	Date of Joining (Current Institution)	01/03/2021					
2.2	Date of Joining (At the present Post)	01/03/2021					
PART II ACADEMIC ACHIEVEMENTS							
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:-)	AUTHORSHIP	POINTS (AS PER DCI)	INDEXING
	1	ORIGINAL RESEARCH	CURCUS	- evaluation of completion of 5yr survival of tooth supported PFM by all ceramic multiple unit fixed prosthesis	3rd Author	15	
	2	CASE REPORT	IJMSCR	prosthetic approach for management of class II using drift strip technique	1st Author	15	
	3	CASE REPORT	ECB	prosthodontic rehab of an Anophthalmic defect	2nd Author	7.5	
	4	CASE REPORT	IJMSCR	A case report on internally weighted denture	5th Author	7.5	
	5			vol 6 issue 2			

3.2	Articles / Chapters published in Books			
	TITLE WITH PAGENO'S	BOOK TITLE	EDITOR & PUBLISHER	AUTHORSHIP
	NA			

3.3 CDE/CONFERENCES/SYMPOSIUM (STATE/NATIONAL/INTERNATIONAL)				
S.No.	TITLE	DATE	ANY PRESENTATION (PAPER/POSTER)	TITLE OF PAPER/POSTER(IF PRESENTED)
1.	Clinical applications of lasers in Dentistry	05/01/2023		
2.	Maxillofacial Prosthetics An overview	10/09/2022		

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

3.5 Training Courses, Teaching-Learning-Evaluation Technology Programmes, Faculty Development Programmes				
	PROGRAMME	DURATION	DATE & PLACE	ORGANIZED BY
1.	Qualitative & Quantitative Research design in higher education	06 days	1st MAY to 6th MAY 2023 BHOPAL (M.P.)	EU DOXIA RESEARCH CENTER, ERC-INDIA

3.6	WORKSHOP (SPECIAL SKILLS/ TRAINING)		
S.No:-	AREA	PLACE	DATE/YEAR
1.			
2.			
3.		NA	
4.			
5.			
3.7	Additional Contributions which are not covered above and which are relevant for the assessment		

4. TEACHING EXPERIENCE

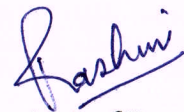
Class	Assigned per week			Taught in the year			Steps taken for completion, missed during absence or leave
	Lectures	Practical	Clinics	Lectures	Practical	Clinics	
UG (I/II/III/IV Yr.)							
PG (I/II/III Yr.)							

5. MEMO/SHOW CAUSE/TEMP. SUSPENSION

S.N.	Date	Reason of Memo/show cause/Temp. Suspension	Action Taken
.		—	
		—	
		—	

Date:

22/07/23



Signature of Faculty Member

Observation of the Head of the Department:

Academi and overall attributes toward department and college work is found very good and satisfactory

Observation of the Principal:

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

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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

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(ii)	Research guidance to students	4
(iii)	Any Projects completed other than the student's projects.	4
(iv)	Innovations / experiments introduced in the Course	4
(v)	Contribution in Curriculum Development	4
(vi)	Intellectual capital (Books / Articles/ Patents/ Talks)	4
(vii)	Publication in Journals	4
(viii)	Organizing and participation in Seminars/ workshops, special lectures, FDP's, Summer institutes	4
(x)	Membership or Fellowship of Professional / Academic bodies	4
(xi)	Extra Duty	4

Total (A) : 40

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

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

Total (B) : 41

C. General assessment taking all the above parameters

Total (A) + (B):

40+41 = 81

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

Signature of the HOD: Palmer

Date: 31/5/23

PART IV
To be filled in by the Principal

1. Length of service under the Reviewing faculty:-
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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

DR. B. GORRUDATI NAYAK

Name in Block Letters

PROF. AND HEAD

Designation

(During the period of Report)

BHOPAL

Place: 31/5/23

Date: