



# 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](http://www.mansarovardentalcollege.com)

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## **6.3.5 Any other relevant information**

# 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 1<sup>st</sup> JUNE 2021 to 31<sup>st</sup> MAY 2023)

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

#### PART I FACULTY GENERAL INFORMATION

1.1	Name of Faculty	DR. SAURABH SHRIVASTAVA
1.2	Date of Birth/Age (in years)	11/10/1985 (36 YEARS)
1.3	Address/ Phone Number	H.No. 60, MANDAKINI COLONY, KOLAR ROAD BHOPAL (M.P) 462042 Mb. No - 9977014554
1.4	Qualification/ Specialization	BDS, MDS (PROSTHODONTICS, CROWN & BRIDGE)
1.5	Designation/ Department	READER - DEPARTMENT OF PROSTHODONTICS CROWN & BRIDGE
1.6	Graduation (year of passing /Institution) (B.D.S/ M.B.B.S/ B.Sc.)	2009
1.7	Post Graduation (year of passing /Institution)(M.D.S/ M.S./M.D/M.Sc.)	2015
1.8	Additional Qualification (Ph.D) Fellowships /Certificate Courses	
1.9	Membership of professional bodies / organizations (with positions held, If any):	MEMBER OF INDIAN PROSTHODONTIC SOCIETY
1.10	Any Awards	

  
**Dr. B. Gurudatt Nayak**  
 Principal  
 Mansarovar Dental College  
 BHOPAL

2	Total Teaching Experience		6 YEARS 11 MONTHS				
2.1	Date of Joining (Current Institution)		10/08/2015				
2.2	Date of Joining (At the present Post)		11/08/2019.				
<b>PART II</b>							
<b>ACADEMIC ACHIEVEMENTS</b>							
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	JOURNAL OF PHARMACEUTICAL	COMPARATIVE EVALUATION OF EFFECTIVENESS	S	15	WEB OF SCIENCE
	2		RESEARCH INTERNATIONAL	OF DENTURE ADHESIVE AFTER INCORPORATING			
	3			ANTIFUNGAL AGENT			
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						

  
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 Principal  
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**Articles / Chapters published in Books**

S.No.	TITLE WITH PAGE NO'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.	DR. NGANGBAM JOHNSON	Composative evaluation of dimensional stability and surface hardness of two polymeric siloxane interocclusal recording stone of normal	INVITRO STUDY
2.	DR - SHIVANGI RAJHAV	Comparative evaluation of accuracy of two different impression techniques with two different record analog - INVITRO STUDY	
3.			
4.			
5.			

*Handwritten signature*

**Dr. B. Gurudatt Nayak**  
Principal  
Mansarovar Dental College  
BHOPAL

3.5	<b>Training Courses, Teaching-Learning-Evaluation Technology Programmes, Faculty Development Programmes</b>				
	S.No:-	PROGRAMME	DURATION	DATE & PLACE	ORGANIZED BY
	1.				
	2.				
	3.				
3.6	<b>WORKSHOP (SPECIAL SKILLS/ TRAINING)</b>				
	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				

*Bsmo*

**Dr. B. Gurudatt Nayak**  
Principal  
Mansarovar Dental College  
BHOPAL

**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.)	01	←	UG 1 <sup>st</sup> YEAR	36	—	UG II <sup>nd</sup> YEAR	
PG (I/II/III Yr.)			PG				

**5. MEMO/SHOW CAUSE/TEMP. SUSPENSION**

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

Date: 02/06/22

*Sawab*  
Signature of Faculty Member

Observation of the Head of the Department:

Observation of the Principal:

*Raw*  
Dr. B. Gurudatt Nayak  
Principal  
Mansarovar Dental College  
BHOPAL

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

**Total (A) : 31**


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**Dr. B. Gurudatt Nayak**  
**Principal**  
Mannamwar Dental College  
Bilur

**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.

Place: Bhopal

Date: 3 / 6 / 21

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

Designation  
(During the period of Report)

  
Dr. B. Gurudatt Nayak  
Principal  
Mansarovar Dental College  
BHOPAL



**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	3
(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	3
(7)	Work Knowledge and Academic Proficiency	3
(8)	Patient Service, Patient relation and Quality of treatment	3
(9)	Punctuality, Cooperation with Seniors and colleges and Communication Skills	3
(10)	Student Co-ordination	3

**Total (B) :** 31

**C. General assessment taking all the above parameters**

**Total (A) + (B):** 62

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

Signature of the HOD: 

Date: 26/22



**Dr. B. Gurudatt Nayak**  
**Principal**  
Mansarovar Dental College  
BHOPAL

# MANSAROVAR DENTAL COLLEGE

Kolar Road, Bhopal

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

## NON-TEACHING STAFF SELF APPRAISAL FORM

(From 1<sup>st</sup> June 2021 to 31<sup>st</sup> May 2022)

Name of Institute : Mansarovar Dental college

### General Information

1. Full Name of Employee : Singh (Surname) HariGovind (Name) Ram (Father's/Husbands name)
2. Designation : Receptionist Department : Dental
3. Date of Joining : In the Institution : 10/07/15 In the Present Post : 10/7/15
4. Date of Birth : 10/08/84 Age : 38
5. Permanent Address : Saewati Nagar, Kolar Road  
Bhopal
6. Contact No. : Mo..... Residence : BPL
7. Qualification : MA Passing Year : 2019
8. Computer Knowledge : C++
9. Typing course : Advance
10. Your brief current Job Responsibilities:

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

Dr. B. Gurudatt Nayak  
Principal  
Mansarovar Dental College  
BHOPAL

### 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 on a 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
<b>1</b>	<b>SELF AWARENESS AND ATTENDANCE &amp; ATTITUDE TOWARDS CO-WORKERS</b>		
	Do you reach duty on time? And also reach your work place on time?	Yes	} Yes
	Do you know rules, regulations, policies & procedures of the Institution?	Yes	
	Do you take leave only with prior permission of your HOD?	Yes	
	When unplanned leave is taken do you inform your HOD or Administrator?	Yes	
	Do you follow rules of Uniforms, I-Cards?	Yes	
	Are you cooperative to the needs of your colleagues?	Yes	
	<b>Overall observations of HOD/ Incharge Faculty</b> (Very Good, Good, Fair, Average and below average)	Very Good	
<b>2</b>	<b>STAFF/STUDENT RELATIONS -</b>		
	Are you perceptive to the needs of the student, faculty and institutional needs?	Yes	} Yes
	Are you sensitive to the needs of the student, faculty and institutional needs?	Yes	
	<b>Overall observations of HOD/ Incharge Faculty</b> (Very Good, Good, Fair, Average and below average)	Good	
<b>3</b>	<b>DEPENDABILITY -</b>		
	Do you carry through your tasks/ areas of management assigned to you in a responsible manner?	Yes	} Yes
	<b>Overall observations of HOD/ Incharge Faculty</b> (Very Good, Good, Fair, Average and below average)	Good	

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
<b>4</b>	<b>INITIATIVE -</b>		
	Do you take self- driven initiatives to improve your work?	Yes	} Yes
	Do you offer suggestions to the responsible authorities offering suggestions for improvements in work practices?	Yes	
	<b>Overall observations of HOD/ Incharge Faculty</b> (Very Good, Good, Fair, Average and below average)	Good	
<b>5</b>	<b>RESPONSE TO SUPERVISION -</b>		
	Do you positively respond to any instruction, guidance, correction and discipline by your superiors?	Yes	} Yes
	Do you have respect to your superiors?	Yes	
	<b>Overall observations of HOD/ Incharge Faculty</b> (Very Good, Good, Fair, Average and below average)	Average	
<b>6</b>	<b>METHOD OF EXPRESSION -</b>		
	Do you have the ability and ease in expressing ideas, opinions and information clearly and accurately, both orally and in writing?	Yes	} Yes
	<b>Overall observations of HOD/ Incharge Faculty</b> (Very Good, Good, Fair, Average and below average)	Good	
<b>7</b>	<b>POTENTIALITIES</b>		
	Do you have the talent, ability to respond to training or ambition for growth?	Yes	} Yes
	<b>Overall observations of HOD/ Incharge Faculty</b>		

Dr. B. Gurumatt Nayak

Principal

Mansarovar Dental College

Jaipur

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

Date : 6/6/22

Hari Kaniad  
Name of Employee

[Signature]  
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**

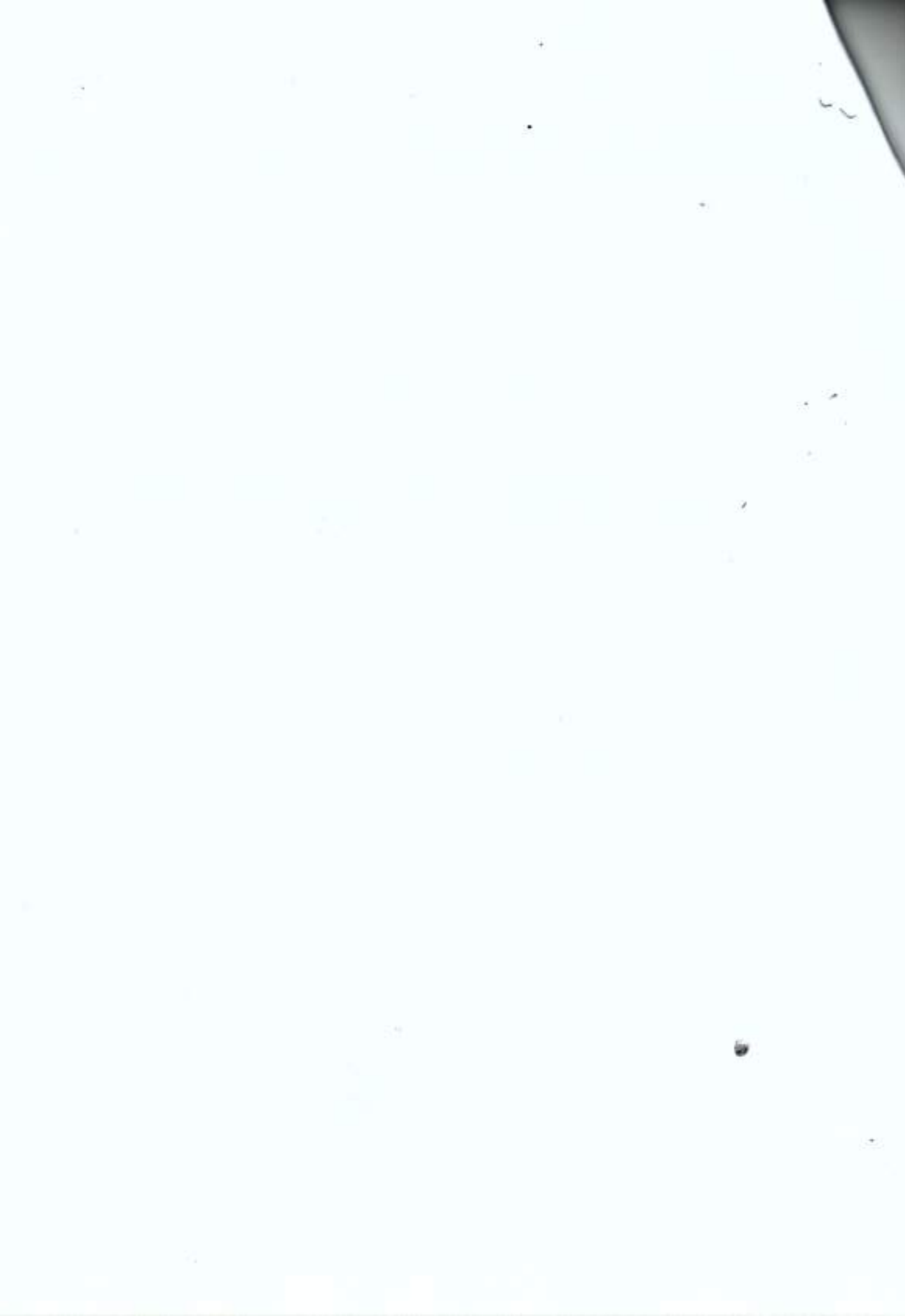
Sr. No.	Reason of Memo/show cause/Temp. Suspension	Action Taken
	NA	—

Date : 6/6/22

Name of the Incharge:  
Designation:  
Dr. B. Gurudatt Nayak  
Principal

[Signature]  
Signature of PRINCIPAL/HOD/INCHARGE  
Dr. B. Gurudatt Nayak  
Principal  
Mansarovar Dental College  
BHOPAL

[Signature]  
**Dr. B. Gurudatt Nayak**  
Principal  
Mansarovar Dental College  
BHOPAL





# 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 1<sup>st</sup> JUNE 2021 to 31<sup>st</sup> MAY 2022]

Faculty (field) :	Dentistry
Name of the College :	Mansarovar Dental College
Department :	Oral Medicine & Radiology

### PART I FACULTY GENERAL INFORMATION

1.1	Name of Faculty	Dr. Nishikanta
1.2	Date of Birth/Age (in years)	8.4.1978 (44yr)
1.3	Address/ Phone Number	E-4/74 Area Colony.
1.4	Qualification/ Specialization	M.B.B.S M.D.C Oral Medicine & Radiology
1.5	Designation/ Department	Professor / OMR
1.6	Graduation (year of passing /Institution) (B.D.S/ M.B.B.S/ B.Sc.)	2003
1.7	Post Graduation (year of passing /Institution)(M.D.S/ M.S./M.D/M.Sc.)	2011
1.8	Additional Qualification (Ph.D) Fellowships /Certificate Courses	-
1.9	Membership of professional bodies / organizations (with positions held, if any):	-
1.10	Any Awards	-

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Dr. B. Gurudatt Nayak  
Principal  
Mansarovar Dental College  
BHOPAL

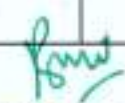
2	<b>Total Teaching Experience</b>						
2.1	Date of Joining (Current Institution)	11. 6. 11					
2.2	Date of Joining (At the present Post)	11. 6. 20					
<b>PART II ACADEMIC ACHIEVEMENTS</b>							
3	<b>Research, Publications and Academic Contributions (As per DCI, published during current assessment period only)</b>						
3.1	<b>Published Papers in Journals</b>						
	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	-	-	-	-	-	-

*Bm*  
**Dr. B. Gurudatt Nayak**  
 Principal  
 Mansarovar Dental College  
 BHOPAL

3.2 Articles / Chapters published in Books				
S.No.	TITLE WITH PAGE NO'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.	—	—	—

  
**Dr. B. Gurudatt Nayak**  
 Principal  
 Mansarovar Derital College  
 BHOPAL



3.5	<b>Training Courses, Teaching-Learning-Evaluation Technology Programmes, Faculty Development Programmes</b>				
	S.No:-	PROGRAMME	DURATION	DATE & PLACE	ORGANIZED BY
	1.				
	2.				
	3.				
3.6	<b>WORKSHOP (SPECIAL SKILLS/ TRAINING)</b>				
	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				

  
**Dr. B. Gurudatt Nayak**  
 Principal  
 Mansarovar Dental College  
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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.)	2	2	2	40			
PG (I/II/III Yr.)			UG Clinics				

#### 5. MEMO/SHOW CAUSE/TEMP. SUSPENSION

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

Date: 10/2/22

Signature of Faculty Member

Observation of the Head of the Department:

Observation of the Principal:

Dr. B. Gurudatt Nayak  
Principal  
Mansarovar Dental College  
BHOPAL

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

**Total (A)**

:

34

  
**Dr. B. Gurudatt Nayak**  
**Principal**  
Mansarovar Dental College,  
BHOPAL


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	3
(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	4
(9)	Punctuality, Cooperation with Seniors and colleges and Communication Skills	4
(10)	Student Co-ordination	3


Total (B) : 38

C. General assessment taking all the above parameters  
Total (A) + (B): 72

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

Signature of the HOD: 

Date:

  
**Dr. B. Gurudatt Nayak**  
**Principal**  
**Mansarovar Dental College**  
**BHOPAL**

**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: *Bhopal*

Name in Block Letters

Date:

Designation  
(During the period of Report)

*B. N.*  
**Dr. B. Gurudatt Nayak**  
**Principal**  
**Mansarovar Dental College**  
**BHOPAL**

*B. N.*  
**Dr. B. Gurudatt Nayak**  
**Principal**  
**Mansarovar Dental College**  
**BHOPAL**



# MANSAROVAR DENTAL COLLEGE

Kolar Road, Bhopal

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

## NON-TEACHING STAFF SELF APPRAISAL FORM

(From 1<sup>st</sup> June 2021 to 31<sup>st</sup> May 2022)

Name of Institute : MANSAROVAR DENTAL COLLEGE

### General Information

1. Full Name of Employee : Baghel Pratik Singh Anand  
(Surname) (Name) (Father's/Husbands name)
2. Designation : Manager Department : Dental
3. Date of Joining : In the Institution : 4/7/18 In the Present Post : 4/7/18
4. Date of Birth : 20/8/82 Age : 40
5. Permanent Address : Umi houses Flat-607.  
Block - F Kolar road.
6. Contact No. : Mo..... Residence : Indian
7. Qualification : BA Passing Year : 2017
8. Computer Knowledge : TAWA
9. Typing course : Patatype
10. Your brief current Job Responsibilities:

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

*Boh*  
 Dr. B. Gurudatt Nayak  
 Principal  
 Mansarovar Dental College  
 BHOPAL

### 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 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
<b>1</b>	<b>SELF AWARENESS AND ATTENDANCE &amp; ATTITUDE TOWARDS CO-WORKERS</b>		
	Do you reach duty on time? And also reach your work place on time?	Yes	Yes
	Do you know rules, regulations, policies & procedures of the Institution?	Yes	Yes
	Do you take leave only with prior permission of your HOD?	Yes	Yes
	When unplanned leave is taken do you inform your HOD or Administrator?	Yes	Yes
	Do you follow rules of Uniforms, I-Cards?	Yes	Yes
	Are you cooperative to the needs of your colleagues?	Yes	Yes
	<b>Overall observations of HOD/ Incharge Faculty</b> (Very Good, Good, Fair, Average and below average)		
<b>2</b>	<b>STAFF/STUDENT RELATIONS -</b>		
	Are you perceptive to the needs of the student, faculty and institutional needs?	Yes	Yes
	Are you sensitive to the needs of the student, faculty and institutional needs?	Yes	Yes
	<b>Overall observations of HOD/ Incharge Faculty</b> (Very Good, Good, Fair, Average and below average)		
<b>3</b>	<b>DEPENDABILITY -</b>		
	Do you carry through your tasks/ areas of management assigned to you in a responsible manner?	Yes	Yes
	<b>Overall observations of HOD/ Incharge Faculty</b> (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
<b>4</b>	<b>INITIATIVE -</b>		
	Do you take self- driven initiatives to improve your work?	Yes	Yes
	Do you offer suggestions to the responsible authorities offering suggestions for improvements in work practices?	Yes	Yes
	<b>Overall observations of HOD/ Incharge Faculty</b> (Very Good, Good, Fair, Average and below average)		
<b>5</b>	<b>RESPONSE TO SUPERVISION -</b>		
	Do you positively respond to any instruction, guidance, correction and discipline by your superiors?	Yes	Yes
	Do you have respect to your superiors?	Yes	Yes
	<b>Overall observations of HOD/ Incharge Faculty</b> (Very Good, Good, Fair, Average and below average)		
<b>6</b>	<b>METHOD OF EXPRESSION -</b>		
	Do you have the ability and ease in expressing ideas, opinions and information clearly and accurately, both orally and in writing?	Yes	Yes
	<b>Overall observations of HOD/ Incharge Faculty</b> (Very Good, Good, Fair, Average and below average)		
<b>7</b>	<b>POTENTIALITIES</b>		
	Do you have the talent, ability to respond to training or growth?	Yes	Yes
	<b>Overall observations of HOD/ Incharge Faculty</b>		

Employee  
Department has to be  
Head of Department  
Faculty  
Incharge Faculty

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

Date : 06/6/22

Pratik Singh Bhagel  
Name of Employee

*Pratik*  
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.	Yes		✓			
2	Fit to continue in the present post?	Yes		✓			
3	Would you like to have him/her in your department?	Yes		✓			

**Memo/Show cause/Temp. Suspension**

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

Date : 06/6/22

Name of the Incharge: Dr. B. Gurudatt Nayak  
Designation: Principal

*B. Gurudatt*  
Signature of PRINCIPAL/HOD/INCHARGE

**Dr. B. Gurudatt Nayak**  
Principal  
Mansarovar Dental College  
BHOPAL

*B. Gurudatt*  
**Dr. B. Gurudatt Nayak**  
Principal  
Mansarovar Dental College  
BHOPAL