



# 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 20 ~~23~~ to 31<sup>st</sup> MAY 2024)

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. SAURABH SHRIVASTAVA
1.2.	Date of Birth/Age (in years)	11/10/1985 / 38 YEARS
1.3	Address/ Phone Number	H. No. 60, MANDAKINI COLONY, KOLAR ROAD, BHOPAL (M.P.) 462042 / 9977014554
1.4	Qualification/ Specialization	BDS, MDS / PROSTHODONTICS AND CROWN & BRIDGE
1.5	Designation/ Department	READER / PROSTHODONTICS AND 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 : INDIAN PROSTHODONTIC SOCIETY
1.10	Any Awards	

2	Total Teaching Experience		8 YEARS 10 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:-)	AUTHOR SHIP	POINTS (AS PER DCI)	INDEXING
	1	REVIEW ARTICLE	IJARESM	MOUTH PREPARATION PRIOR TO IMPLANT PLACEMENT	3 <sup>rd</sup>	5	UGC case
	2	CASE REPORT	IJMCCR	CAST METAL DEFINITIVE OBTURATOR	3 <sup>rd</sup>	10	Pub-Med
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						

3.2 Articles / Chapters published in Books				
S.No.	TITLE WITH PAGE NO'S	BOOK TITLE	EDITOR & PUBLISHER	AUTHORSHIP
1.	THE PROSTHODONTIST'S HANDBOOK, MASTERING	FULL MOUTH REHABILITATION	U.P. Dent PUBLISHER 1 <sup>st</sup> EDITION	3 <sup>rd</sup>
2.			ISBN: 978-81-19902-72-4	

3.3 CDE/CONFERENCES/SYMPOSIUM (STATE/NATIONAL/INTERNATIONAL)				
S.No.	TITLE	DATE	ANY PRESENTATION (PAPER/ POSTER)	TITLE OF PAPER/ POSTER( IF PRESENTED)
1.	41 <sup>st</sup> IDA MP STATE DENTAL CONFERENCE	19, 20 and 21 JANUARY 2024	PAPER	ALL-CERAMIC CEMENTATIONS A KEY TO SUCCESSFUL RESTORATION
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. SHIVANGI RAGHAV	PG Research	Comparative Evaluation of the accuracy of 2 different impression materials & 2 different impression technique in Angulated Implant Analogues
2.	Dr. K.S.L. CHANDRIKA	-11-	Comparative Evaluation of the Microstress & Microstrain of four different types of short implants & different placement depths - A 3D Finite Element Analysis
3.	Dr. AVNI SHARMA	-11-	Comparative Evaluation of the influence of curing modes on thermal stability, Address development and network integrity of dual-cure resin composites - An In Vitro Study
4.			
5.			



3.5	,Training Courses, Teaching-Learning-Evaluation Technology Programmes, Faculty Development Programmes				
	S.No:-	PROGRAMME	DURATION	DATE & PLACE	ORGANIZED BY
	1.	FDP on Introduction of IPR, Planning process and its importance by Prateek Shrivastava	1 day	11.05.2024	Mansarovar Dental College, Bhopal (M.P.)
	2.				
	3.				
3.6	WORKSHOP (SPECIAL SKILLS/ TRAINING)				
	S.No:-	AREA	PLACE	DATE/YEAR	
	1.	WILKODONTICS : PERIODONTALLY ACCELERATED OSTEOGENIC ORTHODONTICS	MANSAROVAR DENTAL COLLEGE, BHOPAL	14.03.2024	
	2.	MASTERING THE ART AND SCIENCE OF ALL-CERAMIC CROWNS AND LAMINATE VENEERS	MANSAROVAR DENTAL COLLEGE, BHOPAL	23.03.2024	
	3.	ORTHODONTICS : KAL, AAJ AUR KAL AND RITE N RECORD: ART OF SCIENTIFIC WRITING AND PUBLISHING	MANSAROVAR DENTAL COLLEGE, BHOPAL	28.03.2024	
	4.	EARLY DIAGNOSIS OF ORAL CANCER- An ORAL PATHOLOGIST AT FORE	MANSAROVAR DENTAL COLLEGE, BHOPAL	22.04.2024	
	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.)	03	21 Hours/week	21 Hours/week	120			Additional classes taken & lectures exchanged as well with other faculties.
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.		NA	
3.			

Date: 12/6/2024

Signature of Faculty Member

Observation of the Head of the Department: The academic performance and attributes toward his work is found very good and satisfactory.

Observation of the Principal:

The overall academic as well administrative performance is highly satisfactory.

**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	05
(2)	Research guidance to students	05
(3)	Any Projects completed other than the student's projects.	04
(4)	Innovations / experiments introduced in the Course	04
(5)	Contribution in Curriculum Development	04
(6)	Intellectual capital (Books / Articles/ Patents/ Talks)	05
(7)	Publication in Journals	04
(8)	Organizing and participation in Seminars/ workshops, special lectures, FDP's, Summer institutes	04
(9)	Membership or Fellowship of Professional / Academic bodies	04
(10)	Extra Duty	05

**Total (A) : 44**



**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	5
(5)	Integrity and Trustworthiness	5
(6)	General conduct, Leadership Skills and Technical Ability	5
(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	5

Total (B) :

44

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

Total (A) + (B):

44 + 44 = 86

*Outstanding*  
91-100

*Very Good*  
71-90

*Good*  
51-70

*Satisfactory*  
40-50

*Unsatisfactory*  
Upto 40

Signature of the HOD:

Pahungdale

Date:

12/6/2024

**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

Date: 2/Nov/24

**DL B. Gurudutt Nayak**  
Principal  
Name in Block Letters  
Mansarovar Dental College  
BHOPAL

Designation  
(During the period of Report)





# MANSAROVAR DENTAL COLLEGE

KOLAR ROAD, BHOPAL

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## NON-TEACHING STAFF SELF APPRAISAL FORM

(From 1<sup>st</sup> JUNE 2023 to 31<sup>st</sup> MAY 2024)

Name of Institute : Mansarovar Dental College

### General Information

1. Full Name of Employee : Nameless (Surname) Preeti (Name) Rajkumar (Father's/Husband's name)
2. Designation : Computer Operator Department : Office
3. Date of Joining : In the Institution : 2-3-2016 In the Present Post : Computer Operator
4. Date of Birth : 19.2.1980 Age : 44
5. Permanent Address : MIG-4, Phase-II, Sumitra Park, Kolar Road, Bhopal.
6. Contact No. : Mo. 9300731901 Residence : 917533134322
7. Qualification : M.Com. PGDCA Passing Year : 2005
8. Computer Knowledge : PGDCA
9. Typing course : Hindi typing Pass from DPT
10. Your brief current Job Responsibilities:

S.N.	Work/job responsibility	Verification by HOD (Yes/No)
1	<u>Student related all work</u>	<u>Yes</u>
2	<u>Official filing work</u>	<u>Yes</u>
3	<u>Letters correspondence work</u>	<u>Yes</u>
4		
5		
6		
7		
8		
9		

### 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
<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	}
	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)	Yes	
<b>2</b>	<b>STAFF/STUDENT RELATIONS -</b>		
	Are you perceptive to the needs of the student, faculty and institutional needs?	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)	Yes	
<b>3</b>	<b>DEPENDABILITY -</b>		
	Do you carry through your tasks/ areas of management assigned to you in a responsible manner?	Yes	}
	<b>Overall observations of HOD/ Incharge Faculty</b> (Very Good, Good, Fair, Average and below average)	Yes	

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	}
	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)	Yes	
<b>5</b>	<b>RESPONSE TO SUPERVISION -</b>		
	Do you positively respond to any instruction, guidance, correction and discipline by your superiors?	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)	Yes	
<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	}
	<b>Overall observations of HOD/ Incharge Faculty</b> (Very Good, Good, Fair, Average and below average)	Yes	
<b>7</b>	<b>POTENTIALITIES</b>		
	Do you have the talent, ability to respond to training or ambition for growth?	Yes	}
	<b>Overall observations of HOD/ Incharge Faculty</b>	Yes	



	(Very Good, Good, Fair, Average and below average)	Yes	✓	
8	<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	}	
	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?	—		
	<b>Overall observations of HOD/ Incharge Faculty</b> (Very Good, Good, Fair, Average and below average)	—		

Date : 14.03.2024

Mrs. Preeti Nandea

Name of Employee

*P. Nandea*

Signature of Employee

Sr. no	Parameters	To be filled by the Incharge					
		Yes/No	V. Good	Good	Fair	Average	Bellow 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	NA

Date : 15/03/24

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

*B. Gurudutt*  
Dr. B. Gurudutt Nayak  
Principal  
Signature of PRINCIPAL/HOD/INCHARGE  
Bansaroval Benu  
BHOPAL