



**sri**venkateshwaraa  
Dental College  
KNOWLEDGE IS POWER  
Ariyur, Puducherry-605102.



TEACHING FACULTY



# Sri Venkateshwaraa Dental College

## Faculty Performance Based Appraisal System Part A: GENERAL INFORMATION

Name:

Department:

Current designation:

Date of joining:

Date of last promotion in this Institution:

Mobile Number:

Email:

Whether acquired any other degree or any additional academic qualifications during the year:

### 1. Educational Qualifications:

Examination Passed	Year of Passing	No. of attempts	University
BDS			
MDS			
PHD			





# Sri Venkateshwaraa Dental College

## Faculty Performance Based Appraisal System Part A: GENERAL INFORMATION

### 3. Research Guidance:

S. No	Degree	Year	Thesis topic	Student name

### 4. PRIZES, MEDALS, SCHOLARSHIPS ETC. AWARDED (mention only those related to the profession and enclose certificates)

S. No	Year of Award	State level/ National level / International level	Title of the award, fellowship, received from Government or recognized bodies

### 5. MEMBERSHIP OF PROFESSIONAL SOCIETIES / BODIES / ASSOCIATIONS

S. NO	Name of the Society	Status whether fellow, member or associate member etc	Date of membership enrollment

### 6. Guest Lectures delivered: (Enclose certificates)

S. NO	Date	Program topic	Speech delivery topic



# Sri Venkateshwaraa Dental College

## Faculty Performance Based Appraisal System Part A: GENERAL INFORMATION

7. Papers presented in Conferences, Seminars, Workshops, Symposia:

S. No	Full Papers Presented	ISSN / ISBN No.	Details of ConfernceInternationa / National / Regional

8. Participation in Institutional Governance:

9. Participation in college committees with position:

10. Published works in indexed journals after last Promotion

11. Please provide list of all scientific publications in chronological order providing details of articles including whether Original article / review / case report, indexed / non-indexed, impact factor and number of citations for the articles (Enclose published articles).

S. No	Journal name	Citation Index

12. Ongoing or completed research projects yet to be published:

13. Patency:

14. Authorship of book or a chapter:



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## Faculty Performance Based Appraisal System Part A: GENERAL INFORMATION

15. No. of classes taken during current academic year:

Under graduation

Post graduation:

16. Any articles edited in journals:

17. Rally / Campaigns / Meets conducted (Furnish details)

18. Extra curricular Activities such as Medico social work, Journalistic or other activities related to  
find Arts, Sports etc. (if any attach certificates)

Signature of the faculty

Comments of Head of Department on regards to department activities, skill and ability to work  
as a team.

Date:

Signature of HOD

Signature of the Principal

Prepared by

Forwarded by

Verified by

Approved by



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## NON-TEACHING FACULTY





**PERFORMANCE APPRAISAL FORM (STAFF )**

NAME:		DEPARTMENT:		NAME OF APPRAISAR:						DESIGNATION:											
DESIGNATION:		DOJ:		D/ W /M		Manual /Computer – Who is Cross checking		Reporting To		Fair		Good		Very good		outstanding		TRAINING		New Assignment / Any Suggestion to be mentioned	
S.no	Roles and Responsibilities																				
1	To attend all complaints from users in minimum response time through maintenance rounds/phone/trackers																				
2	To maintain a proper schedule on daily/weekly/monthly																				
3	All labs, departments and class rooms weekly mass cleaning work																				
4	To monitor power and consumables consumption																				
5	All furniture stock maintain and transfer of furniture from one place to other																				
6	Housekeeping stock monthly report to HR department through AO																				
7	Switch off unnecessary fan and light																				
8	Keep Chairman & Directors office neat and tidy always																				
9	Maintain the Key register and Keys properly																				
1	Remarks : If any additional responsibility is given, please mention in the below:																				
2																					

Signature





# SRI VENKATESHWARRA DENTAL COLLEGE

DATE OF APPRAISAL:

## PERFORMANCE APPRAISAL - BASIC ATTRIBUTES FORM

NAME:		DESIGNATION:			APPRaiser NAME:			DESIGNATION:
S NO	FACTORS FOR ASSESSMENT	FAIR	GOOD	VERY GOOD	OUTSTANDING	REMARKS		
1	Adherence of Rules & Regulations of Hospital / Discipline							
2	Computer Knowledge							
3	Maintenance of Records/Files and Registers							
4	Maintenance of Department							
5	Grooming							
6	Attendance/punctuality							
7	Communication skills Communication with higher officials Communication with Immediate superior Communication with co-worker Communication with subordinate							
8	Ability to work as part of a team							
9	Problem-solving skills							
10	Updated subject knowledge							

COMMENTS:

SIGNATURE