



**HAJI ANFAR ALI COLLEGE
DOBOKA: NAGAON: ASSAM**

**IQAC: HAAC
TEACHING FACULTY PERFORMANCE APPRAISAL PROFORMA
Assessment Year _____**

Instructions:

- Tick (✓) wherever applicable
- The details shall be provided for the Academic Year only.
- The period of evaluation shall be 1st July to 30th June of every year.
- All the information should be provided accurately and clearly. Enclose documentary evidence, wherever needed.
- Additional information worth a mention may be provided in separate sheets.

(A) General Information:

Sl. No.	Particulars	Information
1	Full Name	
2	Gender	
3	Date of joining	
4	Department	
5	Designation	
7	Date of last promotion	
8	Mobile No.	
9	PAN No.	
10	Aadhar No.	
11	Email Id	

(B) Teaching and Learning(Classes taken):

Sl. No.	Months	UG Classes	Classes			Remarks
			Total Assigned (A)	Total taken (B)	Not taken (A-B)	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

(C) Academic Performance (Course/Programme attended): Workshop/seminar/symposia/webinar/Faculty Development Programme / Professional Development Program/Short Term Courses etc :

Sl. No.	Title of Paper presentation/Participation	Type of Resource Person (if any)	Type of Program	Name of the Event	Date of Event	Venue	Organizing Body
1							
2							
3							
5							

(D) Research & Development:

(I) Externally Funded Research / Consultancy projects:

Sl. No.	Title of the project	Duration of Study	Name of Funding Agency / Name of Organization	Fund Sanctioned (Rs.)	Fund Sanctioned (Rs.)	Completed / Ongoing
1						
2						

(II) Research Publications: (Indexed in Scopus / Web of Science / UGC Care list)

Sl. No.	Title of Paper/Chapter/Book	Title of Journal,	Journal Volume, Issue, Page No., as applicable	Authorship number	Edition of Book, as applicable	Name of Publisher in case of Chapter / Book	ISBN/ISSN No.
1							
2							
3							
4							
5							

(III) Research Guidance:

Sl. No.	University of Registration	Registration No.	Year of Registration	No of Ph. D. students guided	Remarks
1					
2					
3					

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(E) Recognition/Awards/Fellowship:

Sl. No.	Title	Date of conferment	Level (State / National / International)	Name of awarding / recognizing body / agency	Field of Award / Recognition
1					
2					
3					
4					

(F) Involvement with Management of the Institution (Use additional sheet for more:

- ◆
- ◆
- ◆
- ◆
- ◆
- ◆

(G) Involvement with affiliated University related works:

- ◆
- ◆
- ◆
- ◆
- ◆
- ◆

(H) Innovation/contribution to the Department:

- ◆ NN
- ◆ NN
- ◆ VV
- ◆ MM
- ◆

(I) Extension work/community service:

- ◆
- ◆
- ◆
- ◆
- ◆
- ◆

(J) Other relevant Information:

(Please provide details of significant contribution, which is not included in the above table)

The information provided in the above tables is true to the best of my knowledge.

Date:

Signature of Employee

(i) Forwarding note of the Head of the Department:

Signature of HOD

(ii) Verification Report of the IQAC:

Signature
IQAC Coordinator

(iii) Acceptance of the Principal

Signature of Principal