Academic Year	Discipline					
	Engineering	Commerce	Nursing	Pharmacy	MBA	
	Polytechnic	Science	Ayurveda	Education	Arts	

Name of staff member:_____

Name of the College:

Department: ______, Biometric ID No._____

Current Designation: _____, Total Experience: ____

Total Teaching	Theory	Practical	Tutorial	Any other
Workload (Hr/week)				

PRINCIPAL/HOD/PROGRAM CO-ORDINATOR/OTHERS:

1. Development of innovative system for improving the administration / academic quality of institution/ department (brief description of such system)

2. Teaching and research Innovation/ Reforms introduced at institutional/department level (brief description of such system)

3. Department's or Institute's best practice (s) if any (brief description of such system)

OTHER SERVICES [not covered in PART-I of appraisal form]

(A) Administrative responsibilities, (B) Service to the Institution, (C) Services at Hospital, (D) Service to the University, (E) Service related to profession, (F) Public Service/Social Service (not covered under co-curricular activity), (G) Sports/Cultural (Physical Directors) (H) Library services (Librarians), etc

Specify nature of work:

Brief description of such work:

Principal

Signature of Staff & Designation