

Shellino Education Society's

## ARUNAMAI COLLEGE OF PHARMACY

• Gat No 285, Vidgaon Road, Mamurabad, Jalgaon, (MS) 425002

Approved by PCI, New Delhi & Affiliated to KBC North Maharashtra University, Jalgaon

• www.acopmamurabad.com | ✉ jalpharmaedu@gmail.com | ☎ 9403739090 | 9403710774

**Nanasaheb R. G. Patil**  
(President)

**Dr. T. A. Deshmukh**  
(Principal)

### Performance Appraisal Policy

#### Appraisal Policy for teaching staff:

According to the State Government and Kavatri Bahinabai Chaudhari North Maharashtra University, Jalgaon guidelines regarding evaluation policies for teaching and non-teaching staff, the institutions have prepared their self-evaluation policies for the teaching staff working in the institutions and they are as follows.

1. Evaluate the performance of the teacher, he or she ask to fill **Self appraisal form**, in which form Teaching Learning & evaluation related activities; Professional development, co-curricular & Extension activities; Research, Publication Books/ Chapter & academic contribution.
2. He/ She has to submit this form concerned head of the department at the binging of an every year for checking based on document enclosed. Second one form is **Performance appraisal form** categorises in **Part-A** filled by **HOD** and these form divide in two parts Personal qualities as 50 Marks & Demonstrated performance as 50 Marks. Second categorises as **Part-B** fill and put grading in form by **Principal/ reviewing authority**.
3. Principal forward these form to President Office for additional action.

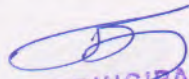
#### Appraisal Policy for Non-teaching staff:

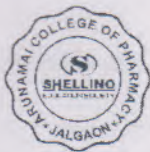
In addition the assessment of Non-teaching staff report of concerned department HOD is duly submitted to the principal at the beginning of every academic year. Same is forward to higher authority/President Office for additional action. The assessment of higher authority management is absolute.

**The blank self assessment & Performance appraisal format is given below.**

1. Teaching Faculty
2. Non-teaching Faculty



  
**PRINCIPAL**  
Shellino Education Society's  
Arunamai College of Pharmacy  
Mamurabad, Tal. Dist. Jalgaon

**SELF APPRAISAL**

Name: \_\_\_\_\_

Duration of Appraisal: 01/07/20 to 30/06/20

Qualification: \_\_\_\_\_

Appointment: \_\_\_\_\_

Approved by University: \_\_\_\_\_

1. **Subject Taught:**
  - First Year B.Pharmacy -
  - Second Year B.Pharmacy -
  - Third Year B.Pharmacy -
  - Final Year B.Pharmacy -
  
2. **Result of the Subject Taught:**
  - First Year B.Pharmacy -
  - Second Year B.Pharmacy -
  - Third Year B.Pharmacy -
  - Final Year B.Pharmacy -
  
3. **Percentage attendance of Student in the Subject Taught:**
  - First Year B.Pharmacy -
  - Second Year B.Pharmacy -
  - Third Year B.Pharmacy -
  - Final Year B.Pharmacy -

**4. Academic Schedule:**

Sr. No.	Subject	No. of Lecture Prescribed	No. of Lecture Conducted	% Conducted

**5. Details of Paper Published during Last academic Year:**

Sr. No.	Subject	Journal	Reference	Remark



**6. Details of Chapters Published in books during Last Year:**

Sr. No.	Chapters	Book with Authors	Reference	Edition & Year

**7. Details of books Published:**

Sr. No.	Chapters	Book with Authors	Reference	Edition & Year

**8. Any Research activity carried out:**

Sr. No.	Research Activity	Funding Agency	Grant Received

**9. Statues of Ph.D./ M.Phil:-----**  
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**10. Absence from Institutes with details: (July to June)**

C.L.	E.L.	M.L.	Study Leave	Compensatory Leave

**11. Any Show Cause Or Memos received during last academic year:**

Date:

Signature

Place:

Name:

The information supplied by above staff member is found to be correct and authentic.

Academic Co-ordinator



**Arunamai College of Pharmacy,**

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Contact No:- 9403739090, 9403710774

**PERFORMANCE APPRAISAL (FACULTY) FOR THE PERIOD FROM: 01/07/20 to 30/06/20**  
(To be filled by Head of Department)**PART-A**

Name: \_\_\_\_\_ D.O.J.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

Qualification: \_\_\_\_\_ Assessment: \_\_\_\_\_

**A] Personal Qualities: (50)****B] Demonstrated Performance: (50)**

Factors	Marking (Out of 10)	Factors	Marking (Out of 10)
Punctuality in work		Professional knowledge & its application	
Ingenuity & Initiatives		Instructional Abilities	
Verbal & Written expressions		Class room planning, control, assignment, conducts of practical's in labs& develop of lab.	
Relation with Superior and Colleagues		Seminar/ Project guides/ attended / organized/ research etc.	
Loyalty to institutes		Extracurricular / C-curricular activities	
<b>Total</b>		<b>Total</b>	

**Total (A+B):****C) Recommendation of H.O.D.:** \_\_\_\_\_

Date: / /20

Signature of H.O.D./Principal

**PART-B**

(To be filled by Principal)

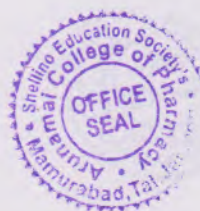
1. **Assessment by H.O.D. is:** Liberal/ Justified / Strict2. **Overall Grading:**

Outstanding	Excellent	Very Good	Good	Average	Poor
100-81	80-71	70-61	60-51	50-35	35 below

3. **Recommendation of Principal:** \_\_\_\_\_

Place: Mamurabad

Date:



Signature of Principal/ Reviewing authority



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### SELF APPRAISAL

1. Full Name: \_\_\_\_\_
2. Designation: \_\_\_\_\_ Joining Date: \_\_\_\_\_
3. Department: \_\_\_\_\_ Qualification: \_\_\_\_\_  
\_\_\_\_\_
4. Previous experience: \_\_\_\_\_  
(If any) \_\_\_\_\_
5. Leave taken during the Year:  
i) C.L.: \_\_\_\_\_ ii) M.L. : \_\_\_\_\_ iii) E.L.: \_\_\_\_\_ iv) L.W.P. : \_\_\_\_\_ v) Other: \_\_\_\_\_
6. Present Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Continuing Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. University Work / Examination Work: \_\_\_\_\_  
\_\_\_\_\_
9. Internal Committee Work: \_\_\_\_\_  
\_\_\_\_\_
10. Miscellaneous: \_\_\_\_\_
11. Special Contribution for the Institute / Foundation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Special Achievements / Relevant information during appraisal period: \_\_\_\_\_  
\_\_\_\_\_

Date: / / 20

Place: Mamurabad

Signature of Staff member

(Name: \_\_\_\_\_)





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**PERFORMANCE APPRAISAL NON-TEACHING THE PERIOD FROM: 01/07/20 to 30/06/20**  
(To be filled by Head of Department)

**PART-A**

Name: \_\_\_\_\_ D.O.J.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Designation: \_\_\_\_\_ Department: \_\_\_\_\_  
Qualification: \_\_\_\_\_ Assessment: \_\_\_\_\_

**A] Personal Qualities: (50)****B] Demonstrated Performance: (50)**

Factors	Marking (Out of 10)	Factors	Marking (Out of 10)
Ingenuity & Initiatives		Job related knowledge	
Oral & Written Expression		Application of knowledge / skills	
Relation with Superior		Timeless / Punctuality / Attendance	
Relation with Colleagues		Participation in college activity	
Willingness to learn & to take responsibility		Dedication to work	
<b>Total (A)</b>		<b>Total (B)</b>	

**Total (A+B):**

➤ **H.O.D. Recommendation:** **Probation :** Extended/ Not to be extended  
(As Applicable) **Temporary:** Be continued / Discontinued

➤ **Remarks:** \_\_\_\_\_  
\_\_\_\_\_

Date: / /20

Signature of H.O.D./Principal

**PART-B**

(To be filled by Principal/ Reviewing Authority)

1. **Assessment by H.O.D. is:** Liberal/ Justified / Strict2. **Overall Grading:**

Outstanding	Excellent	Very Good	Good	Average	Poor
100-81	80-71	70-61	60-51	50-35	35 below

3. **Recommendation of Principal:** \_\_\_\_\_  
(Reviewing Authority)

Place: Mamurabad.

Date:



Signature of Principal/ Reviewing authority