

K. K. Das College

GRH – 17, Baishnabghata – Patuli

Kolkata – 700084

West Bengal

India



6.3.5

Additional Information

CRITERION VI
GOVERNANCE, LEADERSHIP AND MANAGEMENT

6.3.5
***Institutions Performance Appraisal System for
Teaching and non-teaching staff***

Self Appraisal for Teaching Staff

(Please add rows in each table as per requirement)

Academic Year 2020-21

PART A : GENERAL INFORMATION

1. Name(in block letter) :
2. Date of Appointment :
3. Department :
4. Current Designation :
5. Telephone / Mobile No :
6. E-mail :

PART B : ACADEMIC, CO-CURRICULAR, AND PROFESSIONAL DEVELOPMENT RELATED INFORMATION

I. TEACHING-LEARNING

No of class allotted during the Academic year	No of classes taken during the Academic year	Remarks (if any)

II. EXAMINATION DUTIES AS PER ALLOTMENT

Sl. No.	Types of Exam Duties Performed	Yes / No	Remarks (if any)
1	Invigilation	Due to pandemic, examinations were held in online mode, hence no invigilation duties were allotted	
2	Checking of Answer script		
3	Coordinator of examination		

III. CO-CURRICULAR & EXTENSION

Sl. No	Type of Activities	Date (From & To)	Remarks

IV. ORIENTATION PROGRAMME, REFRESHER COURSES & OTHERS (i.e. FDP, Short Term Course, etc.)

Sl. No	Name of the Course	Place	Duration	Date (From & To)	Sponsoring Agency

--	--	--	--	--	--

V. SEMINAR / CONFERENCE / WORKSHOP ATTENDED

Sl. No	Name of the Seminar / Conference / Workshop	Level (State / National / International)	Date (From & To)	Organizing Body

VI. PUBLICATIONS

A. Papers Published in UGC notified Journal

Sl. No	Title of Paper	Name of the Journal	ISSN No.	Name of the Co-author

B. Chapters Published in Edited Volumes / Books Published

Sl. No	Title of Publication	Name of the Book	ISBN No.	Name of the Co-author

VII. RESEARCH PROJECT

Sl. No	Title of the Major / Minor Project	Period	Grant / Amount Received

VIII. CORPORATE CONTRIBUTION

Sl. No	Name of the Committee	Remarks: Specify whether Member or Convener

IX. LEAVE RECORD

Sl. No	Type of Leave	Number of Days	Dates (From & To)	Remarks

X. OTHER INFORMATION (If any)

I declare that the particulars given above are correct to the best of my knowledge and belief.

Signature of the Candidate

All entries made above are checked and verified and found to be correct.

Signature of the coordinator, IQAC

Date:

Seal:

Signature of the Principal / TIC

Date:

Seal:

Self Appraisal for Non-Teaching Staff

(Please add rows in each table as per requirement)

Academic Year.....

PART A : GENERAL INFORMATION

1. Name (block letters) :
2. Date of Appointment :
3. Current Designation :
4. Nature of Job done :
5. Telephone / Mobile No :
6. E-mail :

PART B : ADMINISTRATIVE INFORMATION

I. Attendance Record

Working Days	No of Days present	Leave Taken	
		Type of Leave	Number of Days & Dates

II. Administrative Training Programme Attended (if any):

Sl. No	Name of the Programme	Organizing Body	Duration / Dates