

# **K. K. Das College**

**GRH – 17, Baishnabghata – Patuli**

**Kolkata – 700084**

**West Bengal**

**India**



**6.3.5**

**Additional Information**

# Self Appraisal Format

## For Teaching Staff

(Please add rows in each table as per requirement)

*Academic Year:* \_\_\_\_\_

### **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                   |         |                  |
| 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:

## **For Non-Teaching Staff**

(Please add rows in each table as per requirement)

Academic Year

### **PARTA : GENERAL INFORMATION**

Name (block letters):  
Date of Appointment:  
Current Designation :  
Nature of Job done :  
Telephone/Mobile No.:  
E-mail:

### **PARTB: ADMINISTRATIVE INFORMATION**

#### **Attendance Record**

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

#### **Administrative Training Programme Attended (if any):**

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