

# **K. K. Das College**

**GRH – 17, Baishnabghata – Patuli**

**Kolkata – 700084**

**West Bengal**

**India**



**6.3.5**

**Additional Documents**

**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