



CHIRALA ENGINEERING COLLEGE

Where Professionalism Speaks

(Sponsored by G.S.R. & T.S.R. Educational Society, Approved by AICTE - New Delhi, Affiliated to JNTU - Kakinada, Awarded 'A' Grade by APSCHE, An ISO 9001:2008 Certified Institution)

PERFORMANCE APPRAISAL FORM FOR FACULTY

A.Y _____

Full Name: _____ Date of Joining: _____

Designation: _____ Department: _____

SUBJECTS TAUGHT (Code)	TYPE (Theory or Practical)	SEMESTER (O-Odd or E-Even)	No of Periods (Handled)

Number of papers published in National / International Journals _____

Number of papers published in Seminars / Conferences. _____

Number of seminar/ conference/ workshop attended. _____

Please tick the appropriate (as applicable)

Worked in Admission Cell Used Smart Board for Teaching Use of PPT in Teaching

SPL's taken outside PF Research/ Project Guidance Attended any other training (outside PF)

What do you consider to be your most important aims and tasks in session 2022-23? Teaching Related: _____

Higher Education / Research: _____

Co & Extra Curricular: _____

Team Working & Leadership: _____

Signature of the Faculty with date

Assessment by reporting officer (HOD) & Overall Quality marks for: (Please rate out of 10, 10 for excellent & 1 for Poor)

Heads	Marks
Use of Library / Books / Reference Material for teaching	
Teaching load and regularity in taking class	
Knowledge in the sphere of work	
Communication skills (Oral and written)	
Ability to inspire and motivate students	
Midterm / University Results	
Interpersonal relations and team work in department	
Integrity and Trustworthiness	
Innovations / experiments introduced in the subjects taught	
Overall Feedback / Usefulness (by HOD)	

General Comments reporting officer (HOD) for Faculty/ TO (compulsory for faculty/ TO getting excellent (10 or 9) or poor (1 or 2) remarks) _____

Signature of HOD

Overall Assessment by Reviewing Officer (Range: 10 - 1, 10 being the Highest)

1. I agree / I do not agree with assessment of reporting officer.

2. Reason for disagreement (if applicable) & Overall Assessment _____

Signature of Reviewing Officer / Head of Institution

PS: Proper performance feedback can improve the employee's future performance. It also gives him satisfaction and motivation. Past appraisals, together with other background data, will enable management to properly assess persons for promotion.



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Performance Appraisal Form for Non-Teaching Staff

1. Name of the Faculty :
2. Position Title :
3. Date of Joining :
4. No. of Years in Service :
5. Qualification :
6. Details of Current Responsibilities :

I. PROFESSIONAL COMPETENCE

Sl.No	Competences	Excellent	Good	Satisfactory	Average	Poor
1	Knowledge of rules, regulation and procedure					
2	Ability to organize work and carry it out					
3	Ability and willingness to take up additional load in times of exigencies					
4	Creativity and innovation					
5	Ability to learn and perform new duties					
6	Capacity to supervise* (For Supervising Staff Only)					
7	you possess good knowledge(theory, hands on) for all aspects of the job to perform your job functions satisfactorily?					

II. PERFORMANCE

Sl.No.	Competences	Excellent	Good	Satisfactory	Average	Poor
1	Awareness of policies and procedures of the institution?					
2	Maintenance of Files/Records					
3	Accuracy & Speed of work					
4	Neatness & tidiness of work					
5	Completion of work on schedule					
6	Diligence and sense of responsibility					



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III. PERSONAL CHARACTERISTICS

Sl.No.	Competences	Excellent	Good	Satisfactory	Average	Poor
1	Attendance					
2	Punctuality					
3	Discipline					
4	Integrity and behaviour					

IV. ATTITUDE TOWARDS CO-WORKERS

Sl.No.	Competences	Excellent	Good	Satisfactory	Average	Poor
1	Cooperation with your colleagues?					
2	Mutual motivation with your colleagues?					

V. ATTITUDE TOWARDS PUBLIC

Sl.No.	Competences	Excellent	Good	Satisfactory	Average	Poor
1	Cooperation to the needs of the public(Parents, Business Associates, Vendors, Well Wishers of the College)?					
3	Rapport with the public when you interact with them?					

VI. STAFF/STUDENT RELATIONS

Sl.No.	Competences	Excellent	Good	Satisfactory	Average	Poor
1	Ability to engage, motivate, supervise, and effectively work in the interest of students?					
3	Responsibility towards your tasks/ areas of management assigned to?					

Declaration

I hereby declare that the information provided is true to the best of my knowledge.

Place:-
Date:-

Name and Signature of the non teaching staff

Countersigned by the Head of the Institution