



ST. GREGORIOS DENTAL COLLEGE

UNDER THE MANAGEMENT OF MJSCE TRUST, PUTHENCRUZ
 CHELAD, KOTHAMANGALAM, ERNAKULAM DIST, KERALA- 686681
 (AFFILIATED TO KERALA UNIVERSITY OF HEALTH SCIENCES)

St. Gregorios Dental College, Kothamangalam FACULTY SELF APPRAISAL FORM

Evaluation Year – June 01styear to May 31styear			
Personal Details			
Name			
Department			
Designation			
Mobile No			
Email ID			
Indicators			
1. Experience			
Year of joining SGDC			
Teaching experience at SGDC			
Total Teaching Experience			
2. Additional qualifications/training attained in the evaluation period			
Ph.D			
M.Phil, FAIMER, Diploma, Fellowship			
Certificate programs in KUHS/other Universities, SWAYAM Courses			
3. Additional qualifications/training pursuing during the evaluation period			
Details			
4. Subjects handled			
Year	Subject		
5. Details of lecture hours			
Year	Subject	Number of classes allotted	Number of classes taken
6. Details of practical hours (if applicable) NA			
Year	Subject	Number of classes allotted	Number of classes taken



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7. Details of clinical duties (if applicable - OP Duty, Clinical supervision etc)				
8. University Examination Results (Common to all faculty of department)				
Name of the exam	Number of students appeared	Number of students passed	Pass percentage	
9. Departmental Responsibilities (Stock, library, time-table, question paper setting, department-level committees etc)				
10. Details of KUHS duties (Examinership, Evaluation, Chief Supdt, Invigilation, Practical Convenor, IVO, Observer, Dissertation evaluation, any other)				
Date	Nature of Duty			
11. Details of Research Activities				
Self-initiated Research				
PG Dissertation Guide				
PG Short Study Supervision				
UG Research Supervision				
12. Publication Details (In the assessment year)				
Title	Name of the Journal	Auhorship details (1st, 2nd etc)	Indexing Database	DCI Category I,II,III)



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13. Contributions in Books/Chapters			
14. Details of Research Grants (New/ongoing)			
Title of the project	Name of the funding agency		Amount
15. Resource Person in Conferences/CDE/FDP			
Name of the event	Date(s)	Level - (International/National/State/Regional/College)	Organized by
16. Presentations in Conferences (Self/Guided)			
Name of the event	Date(s)	Level - (International/National/State/Regional/College)	Organized by
17. Participation in Conferences/CDE/FDP			
Name of the event	Date(s)	Level - (International/National/State/Regional/College)	Organized by
18. Details of extra-departmental duties carried out in the college (List)			
19. Details of membership/positions held in professional/social organizations (list)			
20. Details of any award/recognition/achievement during the assessment year			

Date:

Signature of Faculty:

Principal



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Self Evaluation Form (To be filled by the employee)

Part A

Performance traits (Tick the appropriate boxes)

1 – Deficient; 2 – Needs improvement; 3 – Not strong or weak; 4 – About average;

5 - Outstanding

Sl. No		Deficient	Needs improvement	Not strong Or weak	About average	Outstanding
1	How would you rate yourself in terms of consistency?					
2	How would you rate yourself in terms of professional communication skills?					
3	How would you rate yourself in terms of technical skills?					
4	How would you rate yourself in terms of organizational skills?					
5	How would you rate yourself in terms of reliability?					
6	How would you rate yourself in terms of being a team player?					
	Total score					



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Part B

Performance appraisal form teaching staff (to be filled by student)

Department:

Accademic year:

Score: 5 – Excellent, 4 – Very Good, 3 – Good, 2 – Fair, 1 – Poor

Sl. No.	Name	
	Attributes	
1	Knowledge of teacher in the subject	
2	Clarity and understanding of teacher,s explanation	
3	Teacher's willingness to help	
4	Teacher's ability to organize lecture	
5	Sincerity of the teacher	
6	Punctuality of the teacher	
7	Teacher encourages questioning and interaction	
8	Behavior of teacher	
9	Encouragement for co-curricular activities	
	Total Score	



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Remarks by the final authority (Principal)

Strengths:

To improve:

Part A	Total score/30 * 100	
Part B	Total score/45 * 100	
	Total average percentage	

Please put a tick mark as appropriate

Outstanding (100-90%) Very Good (89-76%) Good Average (75-60%)
Average (59-50%) Below Average (<50%)

Date:

Signature: