

Shiksha Mandal's

Shrikrishnadas Jajoo Grameen Seva Mahavidyalaya, Pipri, Wardha – 442001

Affiliated to Rashatrasant Tukdoji Maharaj Nagpur University, Nagpur

Accredited by NAAC with 'A' Grade

Index No. Sr. College:659

Date: 26/04/2021

This is to certify that college follows the Performance Appraisal System for teaching and non-teaching staff for their career advancement. The Performance Appraisal format enclosed here.



Dr. P. M. Kalbhut

Principal

PRINCIPAL

Shrikrishnadas 1900

Grameen Seva haris ridyalaya

PIPRI (WARDHA)

श्रीकृष्णदास जाजू ग्रामीण सेवा महाविद्यालय, पिपरी—वर्धा

शिक्षकेतर कर्मचारी — गोपनिय अहवाल प्रपत्र गोपनिय अहवाल वर्ष

(स्वत: कर्मचाऱ्याने भरावयाचे प्रपत्र)

- १. तुमच्यातील उद्यमशिलता प्रदर्शित : करण्यासाठी तुम्ही विशेष कार्य केले आहे काय? (त्याची माहिती)
- २. मुल्यांकन वर्षात एखादी गोष्ट तुमच्या : पुढाकाराने तुम्ही केली आहे काय? (त्याची माहिती)
- ३. तुमच्याकडे सोपविलेली कामे तुम्ही : वक्तशिरपणे दिलेल्या मुदतीत व बिनचूक करता काय? (त्याविषयी माहिती)
- ४. तुम्ही कोणतेही काम पध्दतशीरपणे व जलद गतीने करता काय? केल्यास वर्षातील कामाची संक्षिप्त यादी द्यावी.
- ५. खालील व्यक्तीशी तुमचे संबंध कसे आहेत? : त्याची माहिती.
 - अ. वरिष्ठ अधिकारी

	ब. तु	मचे सहकारी मित्र	•
	क. f	वेद्यार्थी—पालक	•
દ્ધ .	एखाः भासत द्या.	द्या कामासाठी दुसऱ्याच्या मदतीची गरज ही काय? गरज भासली असल्यास सूची	•
9 .	मुल्या कोण	ंकन वर्षात तुम्ही तुमच्या सहकाऱ्याकडून कोणती कामे करवून घेतली. सूची द्या.	•
ሪ.	लेखी	अधिकाऱ्याने तुमच्या कामाबाबात काही पत्र किंवा तोंडी सूचना दिली त्यास त्याची माहिती.	
	जसे	_	
	अ.	अनियमितपणे हजर राहणे.	•
	ब.	पूर्वसंमती शिवाय गैरहजर राहणे.	•
	क.	संस्थेच्या कामात टाळाटाळ करणे.	•
	ड.	दिलेले काम समाधानकारक रितीने व वेळेवर न करणे.	•
	य.	सहकाऱ्यांशी चांगले न वागणे.	•
	₹.	संस्था विरोधी कार्यात सहभागी होणे.	•
	ਲ.	इतर	•

۲.	तुमच्यातील नेतृत्वगुणांचे प्रकटीकरण करण्यासाठी तुम्ही केलेल्या कामाची माहिती.	:	
१०.	तुमच्या विशेष अभिरूची बाबत थोडक्यात माहिती.	:	
११.	तुम्हांस तुमच्या खात्याबाबत संपूर्ण माहिती आहे काय? माहिती द्या.	:	
		 (क	 र्मचाऱ्याची सही)

CONFIDENTIAL ASSESSMENT & SELF ASSESSMENT NON-TEACHING STAFF

Personal Information (To be filled in by the employee concerned)

Name Father's Name		Surname
Date of Birth as recorded in the service book S.S.C. Certificate/ School Leaving Certificate.	:	
Place of Birth	:	Village/Town/Taluka/District/State
Nationality and Religion	:	
Whether belongs to Scheduled Castes/ Scheduled Tribes/ Nodadic Tribes/ Other Back-ward classes etc.	:	
Home Town	:	
(with Residential address)		
Permanent Address (Local)	:	
Date of Joining University Services and designation at the time of first appointment.	:	
Intermediary positions held between initial	:	
appointment and present position if any		Positions Period from
	:	i)
	:	ii)
	:	iii)
Mother Tongue	:	

Language known	:	
Qualification and degrees	:	
University	:	
Year	:	
		(Signature of Employee)

CONFIDENTIAL REPORT (NON-TEACHING STAFF)

(To be filled in by Head of the Deptt.)

Every Question to be answered. If the space to inadequate please attach a separate sheet.

Colle	ge : Shrikrishnad	as Jajoo Grameen S	Seva Mahav	idyalaya	a, Pip	ori-Wardl	ıa	Y	ear :
Name	e of the Employee	:							
Desig	gnation :				De	partment	:		
Quali	ification:				Da	ite of Birth	ı :		
Scale	of Pay :				Ba	sic Salary	as on C	01/07	/ :
Date	of Appointment : _								
Deta	ils of Service :								
	Period	Desig	nation			Employ	ee		
Job o	lescription :								
Leav	e Record :			T					
		CL	EL			Medical		Spe	cial Leave
_	Availed								
01. V	Vork Knowledge :								
						Reply by I			
			Poor	Belo Avera		Average	Abo Avera		Outstanding
a)	Knowledge of the regulation within	•							
	present work.	the range of his							
b)	Ability and willing	ngness to learn							
c)		wledge and ability to)						
d)	improve from past	st mistake eas both orally and in	1						
	_	and coherent manne							
02. P	ersonal traits :								
				T		Reply by I		-	
			Poor	Belo Avera		Average	Abo Aver		Outstanding

Integrity			
Dependability			
Sincerity and devotion to duty			
Amenability to discipline			
Self confidence			
Innovational ability			
Punctuality			
Relationship with			
- Colleges			
- Superiors			
Ability to work under pressure			
Capacity for prompt disposal.			
	Dependability Sincerity and devotion to duty Amenability to discipline Self confidence Innovational ability Punctuality Relationship with - Colleges - Superiors Ability to work under pressure	Dependability Sincerity and devotion to duty Amenability to discipline Self confidence Innovational ability Punctuality Relationship with - Colleges - Superiors Ability to work under pressure	Dependability Sincerity and devotion to duty Amenability to discipline Self confidence Innovational ability Punctuality Relationship with - Colleges - Superiors Ability to work under pressure

Please elaborate your assessment when the rating is poor or outstanding in the traits above.

03.

a)	Did he/ she every day the orders of the superior/ Head/ Principal ? If so, give details	:
b)	Did he / she received any warning, verble or in writing ? Yes/ No If yes give details	:
	- Arrears of work	:
	- Inaccuracy in work	:
	- Indiscipline	:
	- (Non-Acceptance of official orders) Insubordination	:
	- Irregularity	:
	- Leave matter	:
	- Any other	:
c)	Had he / she been observed non-cooperative in the college activities a give details	:
d)	Has he/ she been asked any explaination. (Give details)	:
e)	Did he/ she always, sought prior permission for the leave. If no action taken	:

04.

a)	Any other comments on out-standing qualities or deficiency	••	
b)	Does he offer help and expresses willingness in	:	
	- Anything beyond his/ her defined duty.	:	
	- Participation in revenue generation.	:	

	- Participation in Community Polytechnique activities, development activities, Social activities etc.	:			
	- Institutes/ Shiksha Mandal's programmes.	:			
05.	Please mention the steps you have taken to brin have given ?	g the o	def	efects to his / her notice and the guidance y	ou
06.	Considering the ability and performance of the department, confirmation, promotion?	emplo	oye	yee do you consider any change in his post/	′
	Please given your suggestions with reasons.				
Date	:			Principal	
	REVIEW BY	Y PI	<u>RI</u>	INCIPAL	
01	Please state how for you agree with the above assessment and comments? Where do you differ?				
02.	Please indicate opportunities you had: during the period of report to watch and assess the performance and qualities of the employee, specially where performance had been above average or below average?				
03.	Please indicate your overall rating? :				

Principal

Appendix - II

RASHTRASANT TUKADOJI MAHARAJ NAGPUR UNIVERSITY

(Established by Government of Central Provinces Education Department by Notification No. 513 dated the 1st of August, 1923 & presently a State University governed by Maharashtra Universities Act, 1994)

PBAS Proforma for Promotion under

CAS (PART A, PART B & PART C)

PART A: GENERAL INFROMATION AND ACADEMIC BACKGROUND

1.	Name (in Block Letters)	:
2.	Father's Name/Mother's Name	:
3.	Department/College	:
4.	Current Designation & Grade Pay	:
5.	Date of last Promotion:	:
6.	Which position and grade pay are yo	ou an applicant under CAS?
		:
7.	Date of eligibility for promotion	:
8.	Date and Place of Birth	:
9.	Sex	:
10.	Marital status	:
11.	Nationality	:
12.	Indicate whether belongs to SC/ST/	OBC category:
13.	Address for correspondence (with pi	ncode) :
14.	Permanent address (with Pin code) Telephone No Email	: : :

15. Academic Qualifications (Metric till post graduation)

Examinations	Name of the Board/University	Year of Passing	_	Division/ Class/ Grade	Subject
High School/ Matric					
Intermediate/HSSC					
B.A./B.Sc./B.Com/B. Mus.					
M.A./M.Sc./M.Co m./M. Mus.					
Others examination, if Any					

16. Research Degree(s)

Degrees	Title	Date of award	University
M.Phil.			
Ph.D ./D.Phil.			
D.Sc./D.Litt.			

17. Appointments held prior to joining this institution

Name of	Date of Joining		Salary	Reason of Leaving	
	Joining	leaving	with Grade	Deaving	
	Employer	Employer Date	Employer Date of Joining	Employer Date of Joining with Grade	

18.	Posts held	after a	appointment	at	this	institution:
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Designation	Department	Date of actual Joining		Grade
		From	То	

19.	Period of teaching experience	: P.G. Classes (in years)	:
		: U.G. Classes (in years)	•

- 20. Research Experience excluding years spent in M.Phil / Ph.D. (in years) Nil
- 21. Fields of Specialization under the Subject/Discipline
 - (a) Community Development & Extension under Extension Education

22. Academic Staff College Orientation/Refresher Course attended: Yes

Name of the Course/ Summer School	Place	Duration	Sponsoring Agency

Date:	Signature of the teacher
Duto.	

<u> Appendix – III</u>

RASHTRASANT TUKADOJI MAHARAJ NAGPUR UNIVERSITY

(Established by Government of Central Provinces Education Department by Notification No. 513 dated the 1st of August, 1923 & presently a State University governed by Maharashtra Universities Act, 1994)

Annual Self-Assessment for the Performance Based Appraisal System (PBAS)

(PART A, PART B & PART C)

(For Teachers other than Physical Education Persons and Librarians)

Session / Year

(To be completed and submitted at the end of each academic year)

	PART A:	GEN	IERAL INFROMA	TION AND	ACADEMIC	BACKGROUND	
15. 16.	Name (in B Father's Na Husband's	me/Mo	tters) other's Name/	:			
17. 18.	Departmen Current De	•	ge: on & Grade Pay	:			
19.	Date of last Promotion:			:			
20.	Address for correspondence (with pin code)			:			
21.	Permanent address (with Pincode) Telephone No Email			: : :			
22. 23.	-	-	ž Č	-		during the year :Ned during year :Yes	
Name Cours	of se/Summer S	the School	Place	Duration		Sponsoring Agency	y
Date :							
Dait.							

Signature of teacher

PART B: ACADEMIC PERFORMANCE INDICATORS

(Please see detailed instructions of this PBAS (Appendix-I) proforma before filling out this section)

CATEGORY:I. TEACHING, LEARNING AND EVALUATION RELATED ACTIVITIES

I a. Direct Teaching (Lectures/ Practical's/ Tutorials/ Field Work / Project Supervision taken should be based on verifiable records.).

Sr N o	Course/Paper	Level	Mode of teaching	Hours allotted per week	Hours Engaged	Actual Score Claimed	Proof Document**
1							
2							
3							
4							
5							
6							
7							
					Total Score		

^{*} Lecture (L), Tutorial (T), Practical (P), Field Work (FW), Project Supervision (PrS)Max. API Score: 70, 60, 60 for Assistant Professor, Associate Professor and Professor respectively

I b. Examination duties:

Sr. No.	Short Description of Duty performed	Total number of hours	Actual Score Claimed	Proof Document
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
	Total			
Max.	API Score: 20, 20, 10 for Assistant Pr	rofessor Assoc	ciate Profess	or and Professor respectively

I	C.	Innovative	Teaching:

Sr. No.	Innovative methods in teaching	Total number of	Actual Score	Proof Document
		hours	Claimed	
1				
2				
3				
4				
5				
6				
7				
	Total			
	Maximum API S	core :		
Max	API Score: 10, 15, 20 for Assis	tant Professor	Associate Pr	rofessor and Professor respectively

Max. API Score: 10, 15, 20 for Assistant Professor Associate Professor and Professor respectively Note: The minimum cut-off shall be 75%. Below this cutoff no scores shall be assigned in these subcategories under Category-I.

Total Score (Category : I) :-	
	Signature of Teacher
Verified and found correct:	
Signature of V.C./	Principal/H.O.D
Final Score approved by the Screening / Selection Committee (For Category: I)	ee:
<u> </u>	re of Chairman

PART B: ACADEMIC PERFORMANCE INDICATORS

CATEGORY: II. CO-CURRICULAR, EXTENSION, PROFESSIONAL DEVELOPMENT RELATED ACTIVITIES

II a. Student related co-curricula	, extension and field based activities:
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Sr N	Type of Activity	Total numb er of hrs	Actual Score Claim ed	Proof Document**
	Total . Score			
	Max. Score			

II b	o. Con	tribution	to corpo	rate life	and manag	gement of tl	he and Depa	artment inst	titution 1	through
par	ticipa	tion in aca	ademic a	nd admi	inistrative	committees	and respon	sibilities		

Sr. No.	Type of Activity	Total number of hours	Actual Score Claimed	Proof Document
	Max. Score: 15			

II C Professional Development Activities

Sr. No.	Type of Activity	Total number of hours	Actual Score Claimed	Proof Document
	Total score			
	Total (Max: 15)			

Total Score (Category : II) :-			
	Signature	of	Teacher
Varified and found correct :			
Signature of V.C./Pr	rincipal/H.C	D.D	
Final Score approved by the Screening / Selection Committee (For Category: II)	:		
Signature	of Chairm		

Screening / Selection Committee

PART B: ACADEMIC PERFORMANCE INDICATORS CATEGORY: III

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

A) Published Papers in Journals -

Sr. No	Title with page nos.	Journal	ISS N/ ISB N No.	Whether Peer reviewed Impact Factor, if any	No. of co - autho rs	Wheth er you are the main author	Whether Refereed/other Journal as notified by the UGC	Aug m- ented API Score	Proof Docume nt
1									
2									
		Total							

III B. Publications other than journal articles (books, chapters in books)-

Sr. No.	Title with page nos./ Chapter with page no.	Book Title, editor & publisher	Publication International / National/ Local	ISSN/ ISBN No.	Whether approved by University	No. of coauthors	Whether you are the main author	API Score	Proof Docum- ent
1									
			Tot	tal				Nil	

III C. RESEARCH PROJECTS:

III C. (i). Sponsored Projects:

Sr. No.	Title	Agency	Period	Grant / AmountMobilized(Rs lakh))	API Score	Proof Document*		
Tota	Total							

III C. (ii). Consultancy Projects:

Sr. No.	Title	Agency	Period	Grant / AmountMobilized(Rs lakh))	API Score	Proof Document**
Tota	ıl					

III C. (iii). Projects Outcome / Outputs:

	in c. (m). I rojecta Outcom	c / Outpuis.			
Sr. No.	Patent awarded / Technology transfer	Nature of Technology transfer /	Proof of award	API Score	Proof Document**
	/ Product / Process	Product / Process			
Tota	al entre				

III D.	RESEAR	CH GUID	ANCE:

Sr.	No. Number Enrolled	Thesis Submitted	Degree awarded	API	Proof Document**
1	M. Phil.				
2	Ph. D.				

Sr.	Fellowship/	Award conferring	Event	Whether international /	API	Proof
No.	Award	Organization	Organized by	national / state/ regional /	Score	Document*
				College or university level		*
1						
Tota	1					

III E.(i) Fellowships and Awards:

III E(ii). Invited lectures / Paper delivered in conferences / seminar

***	(II). III vited leet	ares i aper aenverea	in comercines	/ Schillian		
Sr.	Invited Talk/	Title of	Event	Whetherinternation	API	Proof
No.	Paper	Conference /	Organized by	al /national / state/	Score	Document
	presented	Seminar		regional /collegeor		
				universitylevel		
		Total				

III F. Development of e-learning delivery process/material:

Note: e-learning module shall be approved by the head of the Institution/ Department

Sr. No	Title of Document/ Module	Whether modules Web based or offline	Beneficiary	API Score	Proof Document**
Tota	1				

^{**}As per table under the document ANNEXURE III (B)

Total Score (Category: III) :-	
	Signature of Teacher
Verified and found correct:	

Signature of Principal

Final Score approved by the Screening / Selection Committee	
:(For Category :III)	

Signature of Chairman Screening / Selection Committee

Category	Criteria	Total -
		API
I	Teaching, learning and Evaluation related activities	
II	Co-curricular, Extension, Related Professional Development Activities.	
	Total I+II	
III	Research, Publications and Academic Contributions (For entire period)	

IV. SUMMARY OF API SCORES:

Category	Criteria	Last Academic year	Total API Score	Annual Av. API Score for Assessment Period
I	Teaching, learning and Evaluation related activities			
II	Co-curricular, Extension, Related Professional Development Activities. Total I+II			
III	Research, Publications and Academic Contributions (For entire period)			

Verified and found Correct:	Signature of Teacher
	Signature of Principal
	Signature of Chairman
	Screening /Selection Committee

PART C: OTHER RELEVANT INFORMATION

Please give details of any other credential, significant contributions, awards received etc. not mentioned earlier.

Sr.No.	Details (Mention Year, value etc. where relevant)

LIST OF ENCLOSURES:

Sr.No	Details of Enclosures
•	
1	
2	
3	
4	
5	

I certify that the information provided is correct as per records available with the University/College and / or documents enclosed along with the duly filled PBAS proforma.

Signature of the faculty

Signature of Principal

N:B: The Annual Self-Assessment proforma duly filled along with all enclosures, submitted for CAS promotions will be verified by the university/college and information filed with the IQAC.

Assessment Year:

Name:-

Designation:-

EVALUATION BY THE HEAD OF THE DEPARTMENT OR PRINCIPAL

- a) State whether the facts stated above are correct, if not, state the correct facts.
- b) Do you agree with the Performance based appraisal done by the teacher? If not, give reasons why you do not agree.

I) Verification & Evaluation in respects of API.

Item	Correct	Exaggerated	Excellent	Very Good	Average
Category I					
Category II					
Category III					
A					
В					
C					
D					
E					

II) A) General Intelligence		
B) Capacity to get work in Respect of		
research & teaching		
C) Technical Ability		
D) Administrative ability including Judgment		
, ,		
initiative and drive (if applicable)		
E) Integrity and Character		
F) Whether powers delegated are Fully utilized:		
G) General Assessment*		
A+ = Outstanding, A = Very Good, B+ = Positively Good, B = Good, C+ =		
Satisfactory, C = Not Satisfactory		

Date:	Signature of Reporting Office

Observation of the Reviewing Officer (Principal):	
Date :	Signature of Reviewing Officer