**tEew dsanzh; fo'ofon~;ky;**

**Central University of Jammu**

**jk;k&lwpkuh ¼ckxyk½] ftyk lkack&181143] tEew ¼tEew ,oa d'ehj½**

Rahya-Suchani (Bagla), District: Samba – 181143, Jammu (J&K)

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**ANNUAL PERFORMANCE APPRAISAL REPORT (APAR)**

**Name :** .................................................................................................

**Designation :** .................................................................................................

**Employee I.D. No. :** .................................................................................................

**Date of Birth :** ..........................................................................(DD/MM/YYY)

**Department :** .................................................................................................

**Year :** .................................... to ....................................

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note: Deans/ Head of the Department shall submit duly completed APAR to the Registrar latest by 31st July.***

Due Date : .................................................................................................

Date of submission : .................................................................................................

Date (Signature of Dean)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note I:-***

1. The Reporting Authority of faculty member shall be the Head of the Department.
2. The Reviewing Authority of the faculty member shall be the Dean of the School.
3. Approving Authority of the Faculty members shall be Vice Chancellor.
4. Dean shall be the Reporting Authority of the Head of the Department. Vice Chancellor shall be the Reviewing and Approving Authority of the Head.
5. The Vice Chancellor shall be Reporting, Reviewing and Approving Authority of the Deans (Single Tier Report).

***Note II:-***

1. In case of an adverse remark, the adverse entry shall be communicated to the concerned member of Faculty who may if he/she so desires within 30 days of the date communication, represent to the Vice Chancellor for Redressal of his/her case supported by the evidence to sustain his/her claim.
2. Kindly attach additional page/documents wherever required.

**P A R T ­– I**

**SELF APPRAISAL**

**(TO BE FILLED IN BY THE TEACHER CONCERNED)**

1. **Address (Residential/Phone Nos.) :.......................................................................**

**:.......................................................................**

**:.......................................................................**

1. **Qualifications :........................................................................**
2. **Date of Joining**
* **Regular :.......................................................................**
* **Adhoc/Contract :.......................................................................**
1. **Date of last promotion :.......................................................................**
2. **Date of superannuation ........................................................................**
3. **Confirmed / on probation ........................................................................**
4. **Date of confirmation/ ........................................................................**

**end of probation**

1. **Leave availed, if any :.......................................................................**

(Study Leave, Maternity Leave, Paternity Leave, Extra Ordinary Leave, Etc.)

1. **Present Pay Band/ Pay Level :.......................................................................**
2. **Areas of Specialization and Current Interest:**
3. **Additional Qualification acquired during the year (Give full details):**
4. **Pursuing Higher Studies (Give full details):**
5. **Teaching, Learning and Evaluation Activities:**

Lectures/Tutorials/Practical’s/Projects/Seminars Conducted:

**( A ) ODD SEMESTER (July to December)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Course Code** | **Course Title** | **Contact Hours/ Week** | **Total No. of Classes in Semester** | **Percentage of the course\*** | **Self Assessment\*\*** |
| **Assigned** | **Taught** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total: |  |  |  |  |
| \*Percentage **=** (Classes Taught / Classes Assigned) x 100\*\*80% & above **Good** or Between 80% & 70% **Satisfactory or** Less than 70% **Not satisfactory** |
| **Remarks by the HoD** : |

**( B ) EVEN SEMESTER (January to June)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Course Code** | **Course Title** | **Contact Hours/ Week** | **Total No. of Classes in Semester** | **Percentage of the course\*** | **Self Assessment\*\*** |
| **Assigned** | **Taught** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total: |  |  |  |  |
| \*Percentage **=** (Classes Taught / Classes Assigned) x 100\*\*80% & above **Good** or Between 80% & 70% **Satisfactory or** Less than 70% **Not satisfactory** |
| **Remarks by the HoD:**  |

1. **Involvement in the University students related activities/research activities:**

 ***(Good*** *- Involved in at least 3 activities* ***Satisfactory*** *- 1-2 activities* ***Not-satisfactory*** *- Not involved / undertaken any of the activities.*

***Note****: Number of activities can be within or across the broad categories of activities)*

1. **Administrative responsibilities such as Head, Chairperson/ Dean/ Director/ Co-ordinator, Warden etc**

|  |  |  |  |
| --- | --- | --- | --- |
| **S No** | **Administrative responsibilities** | **Dates/Duration** | **Year** |
| i) |  |  |  |
| ii) |  |  |  |
| iii) |  |  |  |
| iv) |  |  |  |
| **Self Assessment:**  |
| **Remarks by the HoD**: |

1. **Examination and evaluation duties assigned by the University or attending the examination paper evaluation.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Activity** | **Class** | **Mid Sem.** | **End Sem.** |
| i) | No. of Q. Papers Set (Details paper wise)  | UG |  |   |
| PG |  |   |
| ii) | No. of Answer Sheets Evaluated (paper wise) | UG |  |   |
| PG |  |   |
| iii) | Returning & Discussing Answers in Class | UG |  |   |
| PG |  |   |
| iv) | No. of Students Examined through Practical/ Seminar/ Project Examination | UG |  |  |
| PG |  |  |
| v) | No. of Examination Invigilation Duties | Allotted |  |  |
| Performed |  |  |
| **Self Assessment:** |
| **Remarks by the HoD:**  |

1. **Student related co-curricular, extension and field based activities such as student clubs, career counselling, study visits, student seminars and other events, cultural, sports, NCC, NSS and community services and any other.**

|  |  |  |  |
| --- | --- | --- | --- |
| **S No** | **Name of the activity** | **Dates/ Duration** | **Convener/Coordinator/Member** |
| i) |  |  |  |
| ii) |  |  |  |
| iii) |  |  |  |
| iv) |  |  |  |
| **Self Assessment:** |
| **Remarks by HoD:** |

1. **Organising seminars/conferences/workshops, other University activities.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Title** | **Dates/ Duration** | **Sponsoring Agency, Organisation & Place held** | **Attended/ Organized** |
| i) |  |  |  |  |
| ii) |  |  |  |  |
| iii) |  |  |  |  |
| iv) |  |  |  |  |
| v) |  |  |  |  |
| vi) |  |  |  |  |
| **Self assessment:** |
| **Remarks by HOD:** |

1. **Evidence of actively involved in guiding Ph.D students**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Enrol. No. & Name of the Student** | **Title of Thesis/ Dissertation** | **Names of Joint Supervisors** | **Course (PG/M.Phil/ Ph.D.)** | **Status (Completed/ Ongoing )** | **Due date of completion (If ongoing)** |
| i) |  |  |  |  |  |  |
| ii) |  |  |  |  |  |  |
| iii) |  |  |  |  |  |  |
| iv) |  |  |  |  |  |  |
| v) |  |  |  |  |  |  |
| **Self Assessment:** |
| **Remarks by the HoD:** |

1. **Conducting minor or major research project sponsored by national or international agencies**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Title of Research Project/ Consultancy Work/ Patent/ undertaken this year** | **Type** | **Details of Sponsoring Agency** | **Duration, Sanction Date & Status** | **Amount Sanctioned** | **Chief or Co Investigator (Specify)** | **Status (ongoing/ completed)** |
| i) |  |  |  |  |  |  |  |
| ii) |  |  |  |  |  |  |  |
| iii) |  |  |  |  |  |  |  |
| **Self Assessment:** |
| **Remarks by HoD:** |

1. **Publication in peer reviewed or UGC list of Journals**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of the Author(S) (Main Author then co-author)** | **Title of the Article/Research paper/ Book Chapter/ Any Other** | **Vol. No.** | **Name of Publisher** | **Name of the Magazine/Journal/ Book** | **ISSN/ISBN. No** | **Year of Publication** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Self Assessment:** |
| **Remarks by HoD:** |

**(h) Consultancy/Patents**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Agency** | **Amount** | **Type/duration** | **Any other** |
| Consultancy |  |  |  |  |
| Patents |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Self Assessment:** |
| **Remarks by HoD:** |

1. **Academic activities:**

(a) Creation of ICT mediated Teaching Learning pedagogy and content and development of new and innovative courses and curricula

|  |  |  |  |
| --- | --- | --- | --- |
| **S No** | **Activity** | **Explanation of Activities** | **Remarks by HoD** |
| (a) | Development of Innovative pedagogy (Give details) |  |  |
| (b) | Design of new curricula and courses (Give details) |  |  |
| (c) | Development of complete MOOCs in 4 quadrants |  |  |
| (d) | MOOCs per module/lecture |  |  |
| (e) | Content writer/subject matter expert for each module |  |  |
| (f) | Course Coordinator for MOOCs (attached evidence) |  |  |
| (g) | Development of e-Content for complete course (Give details) |  |  |
| (h) | Editor of e-content for complete course/ paper/ e-book |  |  |
| (i) | \*Policy Document (Submitted to an International body/ organisation like UNO/ UNESCO/ World Bank/ International Monetary Fund etc. or Central Government or State Government) |  |  |

1. **Attending Orientation/Refresher/Methodology courses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S No** | **Type of course/programme** | **Duration** | **Date(s)** | **Name of the Organizer** |
| i) |  |  |  |  |
| ii) |  |  |  |  |
| iii) |  |  |  |  |
| iv) |  |  |  |  |
| **Remarks by HoD:** |

1. **Invited Lectures**

|  |  |  |  |
| --- | --- | --- | --- |
| **S No** | **Title of the Invited Lecture** | **Date(s)** | **Name of the Organizer** |
| i) |  |  |  |
| ii) |  |  |  |
| iii) |  |  |  |
| iv) |  |  |  |
| **Remarks by HoD:** |

1. **Fellowships:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S No** | **Type of Fellowship** | **International/ National** | **Date(s)** | **Amount** | **Name of the Agency** |
| i) |  |  |  |  |  |
| ii) |  |  |  |  |  |
| iii) |  |  |  |  |  |
| iv) |  |  |  |  |  |
| **Remarks by HoD:** |

1. **Resource Person**

|  |  |  |  |
| --- | --- | --- | --- |
| **S No** | **Name of the Event** | **Date(s)** | **Name of the Organizer** |
| i) |  |  |  |
| ii) |  |  |  |
| iii) |  |  |  |
| iv) |  |  |  |
| **Remarks by HoD:** |

1. **Paper presentation in Seminars/ Conferences/full paper in Conference Proceedings (Paper presented in Seminars/Conferences and also published as full paper in Conference)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Names of All Authors in Order as in Publication** | **Title Conference Proceedings** | **Date of Presentation**  | **Type of Conference (National/International)** |
| i) |  |  |  |  |
| ii) |  |  |  |  |
| iii) |  |  |  |  |
| **Self Assessment:** |
| **Remarks by HoD:** |

1. **Any Other Information:**
2. **List of Enclosures:**

*Certified that the above data is correct and I shall be responsible for any inaccurate/incorrect data and shall be liable for suitable action for the same, as decided by the authorities.*

**Signature of Faculty**

**Date**

**PART ­– II**

**ASSESSMENT OF THE REPORTING Authority (Head of the Department)**

**GENERAL**

1. **Relations with the students, scholars and staff**

(Please comment on the Faculty accessibility to the above and responsiveness to their needs)

1. **Training**

(Please give recommendations for training with a view to further improving the effectiveness and capabilities of the faculty)

1. **State of Health**
2. **Integrity** (Please comment on the integrity of the faculty)
3. **Overall remarks by the Head of the Department** (Reporting Authority) on overall qualities of the faculty including area of strengths and lesser strength, extraordinary achievements, significant failures and attitude towards weaker sections.
4. **Overall grading by the HoD (Good/ Satisfactory/ Not-satisfactory)**

**Signature of the Head of the Department**

**(Reporting Authority)**

**Name in Block Letters:.....................................**

**Place:....................... Designation:.....................................................**

**Date:........................ During the period of Report:............................**

***PART ­– III***

**ASSESSMENT OF THE Reviewing Authority (Dean of the School)**

1. Length of service under the Dean of the School (Reviewing Authority):
2. Is the Reviewing Authority satisfied that the Reporting Authority has made his/her report with due care and attention and after taking into account all the relevant materials?
3. Do you agree with the assessment of the faculty given by the Head of the Department? (in case of disagreement, please specify the reasons). Is anything you wish to modify or add?
4. General Remarks with specific comments about the general remarks given by the HoD and remarks about the meritorious work of the faculty including the grading.
5. Has the faculty any specific characteristics, and/or any abilities which would justify his/ her selection for special assignment?

**Signature of the Dean of the School**

**(Reviewing Authority)**

**Name in Block Letters:......................................**

**Place:....................... Designation:.....................................................**

**Date:........................ During the period of Report:............................**

***PART ­– IV***

**Approving Authority (Vice Chancellor)**

1. **Pen Picture about the faculty**
2. **Overall performance during the period of Reporting (Good/ Satisfactory/ Not-satisfactory):**
3. **Recommendations/observation:**

**Signature of the Vice Chancellor**

(Approving Authority)

**Place:.......................**

**Date:........................**