



IDHAYA ENGINEERING COLLEGE FOR WOMEN

CHINNASALEM – 606 201, VILLUPURAM DISTRICT.

TECHNICAL STAFF APPRAISAL FORM

(From 1st July 20 to 30th June 20)

INDIVIDUAL DATA

Name		Department	
Gender		Date of Birth & Age	
Marital Status		Mobile Number	
Email Id		Aadhar Card No.	
PAN Number		Passport Number	
Blood Group		Religion	
Emergency Contact (Name, Relationship and Address)		Community	
Residential Address		Communication Address	
Present Designation and from which Date		Date of Joining	

i. Particulars of Educational Qualifications:

<i>Degree/Diploma/ Trade Certificate</i>	<i>Specialization</i>	<i>Year of Passing</i>	<i>College/ Institution</i>	<i>Board / University</i>	<i>% of Marks /Grade</i>

ii. Particulars of Additional Qualifications:

<i>Category</i>	<i>Specialization</i>	<i>Year of Passing</i>	<i>College/Ins titution</i>	<i>% of Marks /Grade</i>

iii. Academic Experience:

<i>Name of the College</i>	<i>Designation</i>	<i>Joining Date</i>	<i>Relieving Date</i>	<i>Experience*</i>		
				<i>Years</i>	<i>Months</i>	<i>Days</i>
<i>Total</i>						

iv. Industrial Experience:

Name of the Organisation	Designation	Nature of Work	Joining Date	Relieving Date	Experience*		
					Years	Months	Days
Total							

v. Practical Workload:

S. No.	Subject Code / Title	Class	Hours/Week
1.			

vi. Workshop/Training Attended:

Sl. No	Title of the Course	Institution	Date & Duration	Sponsor
1.				

Evaluation Parameters:

S. No.	Parameters	Marks
1.	Discipline & Regularity	4
2.	Integrity	3
3.	Interest in Learning	4
4.	Knowledge up-gradation	4
5.	Technical Competency	4
6.	Communicative Skills	3
7.	Responsibility / Response to authority	4
8.	Taking Initiatives	3
9.	Team Spirit	4
10.	Potentiality	4
11.	Coordination with peers	4
12.	Interaction with Faculty	4
13.	Interaction with Student	4
14.	Laboratory Maintenance	5
15.	Maintenance of Stock register, Records and files	5
Total		

Note: Excellent – 5, Very Good – 4, Good – 3, Need Improvement – 2, Not Satisfied - 1

Head of the Department

FACULTY ATTENDANCE EVALUATION

xi. Details of Leave Availed:

<i>CL Taken</i>	<i>On-Duty (CD)</i>	<i>Adm. Permission</i>	<i>On-Duty(CA)</i>	<i>Spl. Leave (Med / Mat.)</i>	<i>CL Reserved</i>	<i>LOP</i>

Signature of Manager

ADMINISTRATIVE PERFORMANCE EVALUATION

vii. Administrative Workload:

<i>S.No</i>	<i>Description</i>	<i>Role*</i>	<i>Activity Done</i>
1			

Signature of Vice Principal

I hereby declare that all the information given in this appraisal form is true to the best of my knowledge and belief. Also, I assure that I will accept the decision made by the scrutinising committee.

Date:

Faculty Signature

Observation and Remarks by PRINCIPAL	Signature with Date
Remarks by SECRETARY	Signature with Date

ABBREVIATIONS

Adm.	Administration
CA	College Activity
CD	Career Development
CL	Casual Leave
Email Id	Electronic Mail Identity
EPF	Employees Provident Fund
FDTP	Faculty Development and Training Programme
Gen.	General
LOP	Loss of Pay
Mat.	Maternity Leave
Med.	Medical
Min.	Minimum
Min. Req.	Minimum Requirement
PAN	Permanent Account Number
Pts.	Points
Per. Pt.	Permissible Point
Scr. Com.	Screening Committee
Self Evln.	Self Evaluation
Spl.	Special
Spons.Prog.	Sponsored Programme