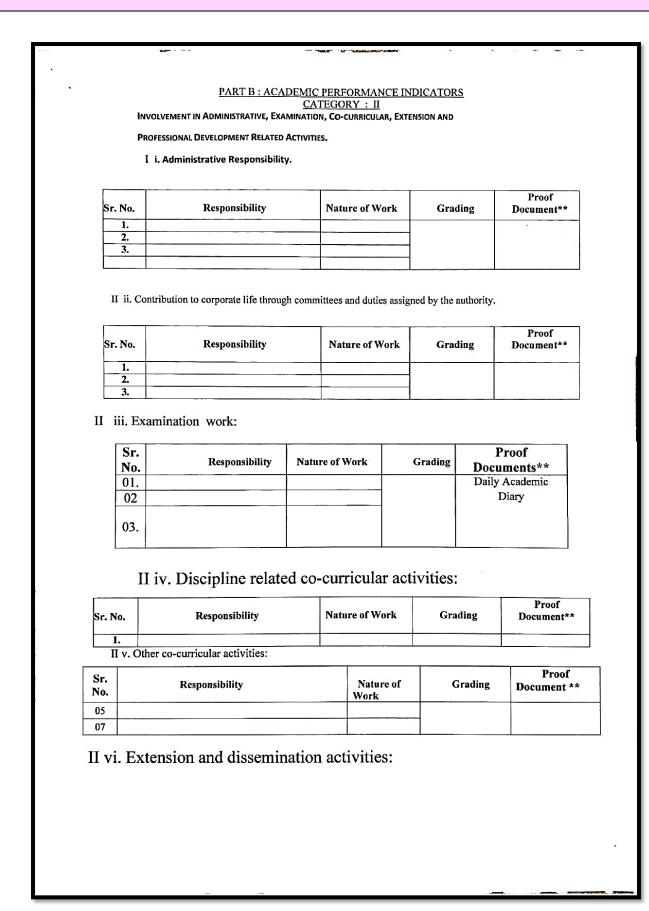
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Please give details of any other credential, significant contributions, awards received etc. not mentioned earlier. Sr. No. Details (Mention Year, value etc. where relevant) 1. 2. 3.
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2) Self-Appraisal Format for Teachers by Parent Management

 Full Name : Designation : Department : Subject taught an Date of Joining a) Initial b) at present college b) Date of Birth : 7) Place of Birth : (Village/Town/Talu District) : 8) Nationality and F 9) Whether belongs SC/ST/VJ/NT/SBC. 10) Permanent addr Mobile No 	d faculty : 	PART- I (I	ne College Nam	DRMATION)		
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11) Mother tongue:						
12) Language know	/n:					
13) Whether any im	movable:					
property held. If so, and where	, what					
14) Qualification of	the teacher:					
	ial/Principal	Allied	Class	Year of	University	Remarks
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15) Teaching experi	ience at the I	IG · Vear		Month		
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16) i) Courses taught : ------ii) Number of periods per week: ------as per prescribed norms

	Work-load			
	U.G.	P.G.	M.Phil.	Ph.D.
1) Actual number of periods per week				
2) Lectures				
a) Tutorials				
b) Practicals				
c) Seminars				
d)Dissertations				
e) Others				

PART- II SELF ASSESSMENT OF THE TEACHER

(NOTE: Self assessment should be in short, within the limit of space provided)
I) Teaching methods applied :
(Name and describe new
teaching methods used, If any
(Beside lecture method) i.e
i) Distributing lecture, synop
sis and biography
ii) Encouraging question in :
class
iii) Announcing topics for dis- :
cussion in advance
iv) Holding seminars :
- /
v) Use of audio visual aids :
v) Use of audio visual aids : (Whether facilities exist)
v) Use of audio visual aids :
 v) Use of audio visual aids : (Whether facilities exist) II) Contribution to a research :
 v) Use of audio visual aids : (Whether facilities exist) II) Contribution to a research : schemes approved by the UGC, DST, ICAR, ICSSR &
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 v) Use of audio visual aids : (Whether facilities exist) II) Contribution to a research : schemes approved by the UGC, DST, ICAR, ICSSR & others, if any III) Any other contribution in- :
 v) Use of audio visual aids :
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i) R	wth (During the year)
	esearch qualification ac- :
qui	red
ii) H	Research projects under- :
take	en
iii)	Research papers published :
indi	cating titles and names of
jou	mals in which published
V)	Guidance rendered to re- :
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v) I	Participation in Seminars, :
Wo	rkshops and Confer
enc	es
VI) Participation in Orientation :
Pro	grammes Refresher
	rses etc
	Any other types of training :
(W.	henever such facilities
exi	st)
VII) Participation in Extra Mural :
acti	vities
i) E	xtra curricular activities, :
deb	ates, cultural activities,
cou	nseling to students
Pla	nning forum, Union,
NS	S, NCC, Sports, Scouting etc.
ii) S	Service to community Adult :
Edu	cation, Extension
Ser	vice etc.
	I) Help in departmental administrative activities by way of
	nbership of various
	mittees such as Discipline
	mittee, Admission Com
	eee, Students Welfare
	mittee etc

c	ontribution (not conveyed
	bove) relevant to a proper
a	ssessment of activities
X	General Observationsi)
A	Attendance :
a) Regularity :
b) Punctuality :
ii	i) Students teachers :
re	elationship
ij	ii) Colleague relationship :
i	v) Class control :
v) Reading habits and other :
n	natters
>	(I) Your own assessment of your
p	erformance for the year under
r	eport in regard to :
a) The quality and quantity of :
v	vork done and how it com
p	pared with the prescribed
n	orms, standards of targets
b) Guiding, training, control
	ing Class
C	e) Details of any specific
i	tem (s) of work done by you
V	which think especially note
V	vorthy
d	l) If, In your opinion you were
u	nable to maintain the ex
p	ected quality and quantity
i	n performance, in any re
S	pect, indicate your rea-
s	on, why this happened
>	(II) Any award conferred on
0	University/State/National
0	r International level)

		I			
		I			
(for Assessment	nt year)				
a) State whether b) Do you agree reasons why ye	EVALUATION er the facts stated with self assess ou do not agree.	BY THE HEAD d above are correc ssment of performa- tion in respects of	OF THE DEP t; if not, state th ance done by th	ARTMENT OR e correct facts.	PRICIPAL
Item	Correct	Exaggerated	Excellent	Very Good	Averaço
I		LAUGGOTAICU	LACCHEIR	very Good	Average
П					
III					
IV					
V					
VI					
VII					
VIII					
IX					
X					
XI					
XII					
XIII					
I) A) General i 3) Capacity to § espect of resea	get work done ir rch & teaching.) :			
Administrati	ve ability includ	ling :			
/) Administrati					

``,	(if applicable) :		
	E) Integrity and character :		ĺ
	F) Whether powers delegated are :		
	fully utilized		
	G) Overall performance :		
	H) Overall contribution towards :		
	college and parent education society		
	I) General Assessment A+= Outstanding, A= Very Goo	d, B + = Positively Good.	
	B= Good, C+= Satisfactory, C= Not Satisfactory		
	(*Strike out which is not applicable.)		
	Date : / /20	Signature of Reporting officer	
	Observation of the Reviewing officer (Secretary of the S		
	Date : / /20	Signature of Reviewing officer	
	Coordinator	Principal	
		Matoshree Vimalabai Deshmuka Mahavidualaga.	
		Matoshree Vimalabai Destinuus Shivaji Nagar Amravati 444603 (M.S.)	
		C AMILANATIL	
			1.0
-			Nº.

3) Self- Appraisal format for non – teaching Staff by Parent Management

1.5			E11-1-2010 to\Other\gopriya ahawal2.doc5	6-1.1				
6.2	. गोपन	<u> </u>	9					
97	परिशिष्ट	- ६ (नियम १२) (भाग २)						
	वरीष्ठ महाविद्यालयातील शिक्षकेत्तर कर्मचाऱ्याकरीता स्टॅन्डर्ड कोड १९८४ मधील तरतुदीनुसार							
	(गोपनिय अहवालाचा नमुना)							
8	१) पुर्ण नांव	:						
	२) वडीलाचे नांव	:		Л				
	३) जन्म तारीख	:		ſ				
	४) जन्म स्थान	:						
	५) राष्ट्रीयत्व व धर्म	:		/				
	६) जात/संवर्ग	: := ====;-===.						
	७) पदनाम	:						
	८) शैक्षणिक पात्रता	····						
~	९) सद्याचे पदावर सेवत रुजू होण्याचा f	देनांक :						
)(१०) महाविद्यालयाचे नांव	:		کېږ.				
	११) एकूण सेवा काळ	:						
	१२) वेतन श्रेणी	:						
	१३) कार्यस्वरुपी पत्ता	:						
				с. м				
	१४) दुरध्वनी (एस.टी.डी. सह)	:						
	१५) मुळ ठिकाणचा पत्ता	:						
	8							
\mathbf{C}	१६) स्थावर मालमत्ता असल्यास पत्ता	:						
ex (१७) मातृभाषा	:						
	१८) अवगत असलेल्या भाषा	:						
	१९) प्रदान करण्यात आलेला कामाचा प्र	कार :						
	२०) आपल्या कर्तव्याचे संक्षिप्त वर्णन	:						
	२१) आपल्या सोपविलेल्या स्वतःच्या	:						
	कर्तव्याचे मुल्यामापन							
	२२) आपण केलेल्या कामापैकी एखाद्या चांगल्या कामाची नोंद	:		*				
	दिनांकः- / /२०१							
	ठिकाणः-	कर्मच	ाऱ्याची सही व नांव					

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		E \1-1-2010 to\Oliher\gopniya whawei2 doo6	
	<u>गोपनीय आ</u>	हवाल नमुना	
	· परिशिष्ट - ६ (निः		
	(गोपनिय अहव	वालाचा नमुना)	
	वरीष्ठ महाविद्यालयातील शिक्षकेत्तर कर्मचाऱ्यासंबंधी र	सर्वसाधारण योग्यता व चरित्र संबधी प्राचार्याचा अभिप्राय	
	१) कर्मचाऱ्याचे पुर्ण नांव :		
	२) शैक्षणिक पात्रता :	३) धारण केलेले पद :	
	४) जन्म तारीख ः– ––––––	- ५) जात/संवर्ग :	
	६) रुजू होण्याचा दि. :	७) एकूण सेवा काळ :	
	८) वेतन श्रेणी ः		
	९) प्रतिवेदनेचा कालावधी	:- ०१/०७/२००० ते ३०/०४/२०१	
	१०) उद्योप्रियता व कार्यक्षमता	:	
	११) हाताखालील व्यक्तीकडून काम करुन घेण्याची क्षमता	:	
	१२) सहकारी व जनता यांचेशी असलेले संबंध	:	
	٩३) सर्वसाधारण बुध्दीमत्ता		i.
	१४) तांत्रीक कार्यक्षमता	:	
	१५) विशेष कल	:	
	१६) निर्णय शक्ती, उपक्रमशिलता व धडाडी यासह प्रशासनीक कार्यक्षमता	;	
	१७) सचोटी व चारित्र्य		
	(संशायस्पद असल्यास अहवाल सोबत ठेवाव १८) प्रदान करण्यात आलेला शक्तीचा	·) :	
	पुर्णपणे वापर करतात काय?	 State of the state of the state	
	१९) सर्वसाधारण मुल्यमापन		
ĩ	3		
	प्रबंधक/अधिक्षक/ :		
	मुख्य लिपीकाचा अभिप्राय (वरील पैकी जे प्रमुख असतील त्यांगी अभिप्राय हा		
	(वराल पका ज प्रमुख असताल त्याना आगप्राय य	स्वाक्षरी	1
		-	
	प्राचार्याचा अभिप्राय :		
•	Allon	la com MM	
X	DR. S. D. THAKARE Coordinator, I.Q.A.C.	WHAT I THE	
latoshree	Vimalahai Deshinukh Manavioyalaya	आपचायाचा स्वाक्षरा , Principal	
	पुनविलोकमध्यमान्याचा निराक्षण अहवाल	Matoshree Vimalabai Deshmuldi Mahevioyalaya	
	प्राचार्य यांच्या मताशी सहमत आहे किंवा	: Shrvaji Nagar Anuavati 444603 (M.S.)	1
,	नसल्यास व्यांची कारणे		
-	टिनांक:- / /२०१		