M.S. Ramaiah Medical College

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| **Faculty Performance Appraisal - 2022** |
| **Name of the Appraisee** |  |  |
| **Designation** |  |
| **Department** |  | **Employee No** |  |
| **Qualification** |  | **Date of Birth** |  |
| **Date of Joining** |  | **Mobile No** |  |
| **Email ID** |  |
| **Address** |  |

**Self Appraisal By : Dr. Suresh G**

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| **Leave availed details during 2022 (other than CL)** |
|  |  | **Earned Leave** | **Com. Leave** | **Spl Casual Leave** | **OOD** | **LWP** | **Total No. of Days** |
| 1 | **Leave** |  |  |  |  |  |  |

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| **Daily Activity :****Please share your work schedule: (Time spent in Theory Classes, OPD-RMH/RMCH, OT-RMH/RMCH,Ward- RMH/RMCH, ICU-RMH/RMCH, clinics, PG teaching if others specify. :****Monday to Friday Timing 9:00Am to 4.30PM and Saturday: 9.00AM to 1.00PM** |
|  |  | **Activity** |
| 1 | **Monday :****9:00 AM to 4:30 PM** |  |
| 2 | **Tuesday :****9:00 AM to 4:30 PM** |  |
| 3 | **Wednesday :****9:00 AM to 4:30 PM** |  |
| 4 | **Thursday :****9:00 AM to 4:30 PM** |  |
| 5 | **Friday :****9:00 AM to 4:30 PM** |  |
| 6 | **Saturday :****9:00 AM to 01:00 PM** |  |

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| **Teaching Activities :****Summary of all teaching related activities :****A. No. of Hours spend in** |
|  |  | **Lectures****/ Seminar s** | **Prac./ Dissectio n / Other Small Group teaching** | **Clinical Teachin g** | **Researc h Guidanc e** | **Counsell ing** | **Others** |
| 1 | **MBBS :** |  |  |  |  |  |  |
| 2 | **MD / MS :** |  |  |  |  |  |  |
| 3 | **BDS/MDS :** |  |  |  |  |  |  |
| 4 | **BPT / MPT :** |  |  |  |  |  |  |
| 5 | **Others :** |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |

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| **Teaching Activities :****Summary of all teaching related activities :****B. Summary of Teaching Evaluation :** |
|  |  | **Score** | **Comments** |
| 1 | **UG Students :** |  |  |
| 2 | **PG Students :** |  |  |
| 3 | **PEER :** |  |  |

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| **Teaching Activities :****Summary of all teaching related activities :****C. Appraisee’s Statement** |
|  |  | **Please respond briefly with specific examples to the following questions.** |

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| 1 | **1. Revisit the goals you had set for yourself last year and comment whether you have been able to achieve them, gone beyond or fallen short of them and mention the reasons for the same. :** |  |
| 2 | **2. List your professional goals (health or education related) for the next one year and state how you plan to achieve them.( Include the resources required, if any, to achieve these goals) :** |  |
| 3 | 1. **What have you done to create a challenging and stimulating teaching/learning environment for your students? :**
	1. **Have you introduced new/ modified instructional approaches? :**
 |  |
| 4 | **3. What have you done to create a challenging and stimulating teaching/learning environment for your students? :****ii. Have you individualized instructional techniques and approaches to meet the diverse needs and abilities of your students?****:** |  |
| 5 | **3. What have you done to create a challenging and stimulating teaching/learning environment for your students? :****iii. Have you developed and /or revised course materials? :** |  |

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| **Service** |
| **Administrative Responsibilities (In dept.) :** |  |
| **Service to the Institution (Committee Member, Chairman etc.) :** |  |
| **Others :** |  |

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| **Service related to patient care** |
| **A. No Outside practice :** |  |
| **B. Practice only at RMCH or RMH :** |  |
| **C. Outside practice :** |  |

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| **Service related to patient care** |
| **If Opted C:Please specify the hospital and institutions** |  |

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| **CLINICAL DUTIES** |
| **RMCH :** |  |
| **RMH :** |  |

**Academic Recognition**

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| **Post terminal degree/diploma / honors/ awards / fellowships / others (specify) :** | GOLD MEDALIST IN MD EXAMS RGUHS |

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| **Other evidence of recognition** |
| **Other evidence of recognition :** |  |

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| **Qualification Acquired** |
| **Degree** | **Specialization** | **Year** | **Percentage** | **Grade** | **Name of College/Institu te** | **University** |
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| **FDP / SDP / MDP / Continuing Education Program / Industrial Training attended** |
| **Title** | **Arranged By** | **Date** |
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| **Consultancy Work / Externally Funded Research Project** |
| **Title** | **Funded Agency** | **Amount Sanctioned** | **Amount Received** | **Percentage of Completion** |
| ---- No Records Found ---- |

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| **Research Publications** |
| **Title of Research Paper** | **Name of Proceeding / Journal** | **Name of Co-author** | **Volume & Year** |
| ---- No Records Found ---- |

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| **Membership of Professional Bodies** |
| **Title** | **Year** |
| ---- No Records Found ---- |

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| **Patents Obtained** |
| **Title** | **Details** | **Date** |
| ---- No Records Found ---- |

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| **Subject Taught** |
| **Semester** | **Subject** |
| ---- No Records Found ---- |

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| **Research Projects Undertaken During Jan 01,2022 To Dec 31,2022** |
| **Title of Project** | **Name of Co - Investigator** | **Name of Funding Agency (If Any)** | **Duration** | **Type of Study** | **Remarks** | **Status** |
| ---- No Records Found ---- |

**Scholarly Articles Published**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Journal** | **Title of Paper** | **Authership** | **Impact Factor** | **Peer Reviewed** | **Indexed** | **Type of Article (Original Article, Review/ Case Report / RCTs)** |
| ---- No Records Found ---- |

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| **Scholarly work presented at other forums (podium or poster presentation , seminars as Presenting Author)** |
| **Title of Work Presented** | **Name of the conference and place where conducted** | **Type of conference Local/Regional/National/In ternational** | **Podium / Poster Presentation** |
| ---- No Records Found ---- |

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| **Trainings / Invited Guest Lectures** |
| **Organised By / Invited By ( Association / Society Name )** | **International / National / Regional** | **Training Title / Significance of Talk** | **Scope of Audience** | **Date / Venue** |
| ---- No Records Found ---- |

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| **Participation in Seminar / Workshop / Conference** |
| **Name of Event** | **Type of Event** | **Name of Sponsoring Agency** | **Place & Date** | **Attended / Invited Guest Speaker / Panelist** |
| ---- No Records Found ---- |

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| **Seminar / Workshop / Conference / Courses conducted as Co-ordinator** |
| **Name of Event** | **Type of Event** | **Name of Sponsoring Agency** | **Place & Date** | **If conducted , role (Speaker/Org. Comm Member / Chairperson / Secretary)** |
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| **Books Published** |
| **Title** | **Year** | **Publisher** | **Edited** |
| ---- No Records Found ---- |

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| **Skill Upgradation** |
| **Skill** | **Certification Name** | **Area** | **Specialization 1** | **Specialization 2** | **Specialization 3** | **Certification Date** |

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| **Significant Achievement** |
| **Achiev ement Type** | **Editori al Type** | **Title** | **Award name** | **Descri ption** | **Year** | **Indust ry Name** | **Honou r Body** | **Honou r Type** | **Organi zation Name** | **Journa l Name** | **Publis her Name** | **Start year** | **End year** |

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| **Research Guidance** |
| **Title** | **University** | **Stream** | **Degree name** | **Date of Commence ment** | **Status** | **Tentative title for current project** | **Final title at the time of synopsis** | **Date of registration** |

**Self Contribution**

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| **Organizational Development** |
| ---- No Records Found ---- |
| **Institutional Development** |
| ---- No Records Found ---- |
| **Academic Development** |
| ---- No Records Found ---- |
| **Student Development** |
| ---- No Records Found ---- |
| **Self Growth** |
| ---- No Records Found ---- |

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| **HOD Review By : Dr. Geetha C R** |

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| **HOD's Appraisal** |
|  |  | **1** | **2** | **3** | **4** | **5** |
| 1 | Accepts responsibility |  |  |  |  |  |
| 2 | Efficiency |  |  |  |  |  |
| 3 | Is able to work effectively as a team member |  |  |  |  |  |
| 4 | Punctuality |  |  |  |  |  |
| 5 | Work attendance |  |  |  |  |  |
| 6 | Accepts advice |  |  |  |  |  |
| 7 | Leadership Qualities |  |  |  |  |  |
| 8 | Enthusiasm to learn |  |  |  |  |  |
| 9 | Accepts new assignments |  |  |  |  |  |
| 10 | Time Management |  |  |  |  |  |
| 11 | Displays professional ethics |  |  |  |  |  |
| 12 | Interaction with non-teaching staff |  |  |  |  |  |
| 13 | Interactions with PGs |  |  |  |  |  |
| 14 | Interaction with interns |  |  |  |  |  |
| 15 | Interaction with parents / patients |  |  |  |  |  |
| 16 | Displays compassion, and empathy to patients/students |  |  |  |  |  |
| 17 | Communication skills |  |  |  |  |  |
| **Total** | **Out of**  |
| **Percentage** |  **%** |
| **Result Out of 5** |  |

**Rating Scale : 1 2 3 4 5**

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| **Remark** |
| **Any other comments** |  |

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| **Faculty Response Towards Evaluation** |
| **UG** |  |
| **PG** |  |
| **Peer** |  |
| **HOD** |  |
| **Self rating in the scale out of 10** |  |

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| **Final Review By : Dr. Shalini Chandrashekar Nooyi** |
| **Status :** |  |

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