

# MATHRUSHRI RAMABAI AMBEDKAR DENTAL COLLEGE & HOSPITAL

No. 1/36, Cline Road, Cooke Town, Bengaluru - 560005.KARNATAKA, INDIA.

## Staff Self Appraisal Form



(From 1<sup>st</sup> June 20\_\_\_\_\_ to 31<sup>st</sup> May 20\_\_\_\_\_)

Affix recent  
passport size  
photograph

DEPARTMENT OF: \_\_\_\_\_

POSITION/DESIGNATION: \_\_\_\_\_

1.1	Name				
1.2.	Age:	1.3	Gender:	1.4	Nationality:
1.5	Indicate whether belongs to SC/ST/OBC/Minority				
1.6	Address for correspondence (with Pin code)				
		Mob: No.			
		E-Mail :			
2.1	BDS (year of passing / Institution)				
2.2	MDS (year of passing /Institution)				
2.3	Additional Qualification / Fellowships / Certificate Courses				
2.4	Awards & Recognitions				
<b>3. Total Teaching Experience</b>					
3.1	Date of Joining of MRADCH	3.2	In Other Institutions	3.3	Other Professional Experience

4	Have you attended ToT / Faculty Development Programmes						
As resource person:			As Trainee :				
5	<b>Research, Publications and Academic Contributions:</b>						
5.1	<b>Published Papers in Journals</b>						
	Title with PageNo's	Journal	ISSN/ ISBN No./ SCOPUS No.	Whether peer reviewed impact Factor, if any	No. of Co- Authors	Whether you are the main author	Sponsoring Agency & Expenditure
5.2	<b>Articles / Chapters published in Books</b>						
	Title with PageNo's	Book Title, editor & publisher	ISSN/ ISBN No.	Whether peer reviewed	No. of Co- Authors	Whether you are the main author	Sponsoring Agency & Expenditure
5.3	<b>Full Papers in Conference Proceedings</b>						
	Title with PageNo's	Details of Conference Publication		ISSN/ ISBN No.	No. of Co- Authors	Whether you are the main author	Sponsoring Agency & Expenditure
5.4	<b>Books Published as Single author or as editor</b>						
	Title with Page No's	Type of Book & Authorship	Publisher & ISSN ISBN No.	Whether peer reviewed	No. of Co- Authors	Whether you are the main author	Sponsoring Agency & Expenditure
5.5	<b>Ongoing and Completed Research Projects and Consultancies</b>						
	Title	Agency		Period	Grant / Amount Mobilized (Rs lakh)		
5.6	<b>Training Courses, Teaching-Learning-Evaluation Technology Programmes, Faculty Development Programmes</b>						
	Programme		Duration	Date & Place		Organized by	

5.7	<b>Invited Lectures and Chairmanships at National OR International Conference / Seminar etc</b>			
Title of Lecture / Academic Session		Title of Conference / Seminar etc.,	Organized by	Whether International / National
5.8	<b>Research Papers Presented In Conferences</b>	Topic		Place
	State			
	National			
	International			
5.9	<b>No. of Conference attended</b>		State	
			National	
			International	
5.10	<b>No. of Conference Organized</b>	Topic		Department
	State			
	National			
	International			
6	<b>Research Work Undertaken</b>			
6.1	Unaided			
6.2	Aided / Sponsored			
6.3	College /ICMR /SBMR/ others			
6.4	Any contribution / work done to improve dental education:			
7	<b>GUEST LECTURES PRESENTED AT CONFERENCES / INSTITUTIONS:</b>			
	State Level			
	National Level			
	International			
8	Participation In Affiliated University Activities			

9	Participation In DCI Activity						
10	Membership of professional bodies / organizations (with positions held, If any) :						
11	Work done in areas of Professional Development /Dental Education :						
12	Would you like to mention anything else significant / noteworthy about yourself :						
13	Are you satisfied with your work ( on a scale of 1 to 5)		1	2	3	4	5
14	<b>Period of Teaching Experience (in years)</b>	Lecture Classes Hrs	Practicals/Demonstration Hrs :		Chair side Clinics Hrs :		
	Under Graduate Classes						
	Post Graduate Classes						
15	<b>Administrative Responsibilities</b>	Committee Involvement		Event Coordination		Other Administrative Duties, if any	
		Committees Served on					
		Role & Contribution					
16	<b>Particulars of mentoring in the current academic year</b>	No of allotted students		Mention your actions to improve student's academic performance		Particulars of mentoring in the current academic year	
17	<b>Any other relevant information or accomplishments not covered above.</b>						
18	<b>Signature of Staff Member with Date</b>						



M.R.AMBEDKAR DENTAL COLLEGE AND HOSPITAL

# 1/36,CLINE ROAD COOKE TOWN BENGALURU-56005.

PERFORMANCE REPORT

NON-TEACHING STAFF

INDEX

Instruction of Evaluator.  
Please place in appropriate box  
grading:

Date : / /

NAME OF THE OFFICIAL :

Designation :

SL NO:	PARTICULARS	Non Satisfactory	Below Average	Avarage	Good	Excellent	Any other Remarks
1	Punctuality,attendance & working hours						
2	Integrity						
3	Dependability						
4	Knowledge of the student (teachingStaff)						
5	Working habits ((Neatness,dexterity & Proptness						
6	Economy in the use of materials						
7	Speed & Quantum of accept work(professional)						
8	Wiilingness to accept additional Responsibility						
9	Interest in the department(such as care of Equipment,Patients care improvement in teachingmethod)						
10	Accuarcy in reporting & ability to Maintain records						
11	Attitude to Senior staff						
12	Co-operation with other staff						
13	Relationship with public & patients (courtesy-Kindness)						
14	Overall Impression (personality General behaviour )						

15	Loyalty						
16	Serious professional lapses/Mistakes (if yes, Please give details)						

**General remarks of the Evaluator**

**Signature of HOD/Unit Head**

**Observations & Recommendations of Principal**

**PRINCIPAL**