

MATHRUSHRI RAMABAI AMBEDKAR DENTAL COLLEGE & HOSPITAL

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

Staff Self Appraisal Form



(From 1st June 20_____ to 31st 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				
3. Total Teaching Experience					
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	Research, Publications and Academic Contributions:						
5.1	Published Papers in Journals						
	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	Articles / Chapters published in Books						
	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	Full Papers in Conference Proceedings						
	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	Books Published as Single author or as editor						
	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	Ongoing and Completed Research Projects and Consultancies						
	Title	Agency		Period	Grant / Amount Mobilized (Rs lakh)		
5.6	Training Courses, Teaching-Learning-Evaluation Technology Programmes, Faculty Development Programmes						
	Programme		Duration	Date & Place		Organized by	

5.7	Invited Lectures and Chairmanships at National OR International Conference / Seminar etc			
Title of Lecture / Academic Session		Title of Conference / Seminar etc.,	Organized by	Whether International / National
5.8	Research Papers Presented In Conferences	Topic		Place
	State			
	National			
	International			
5.9	No. of Conference attended		State	
			National	
			International	
5.10	No. of Conference Organized	Topic		Department
	State			
	National			
	International			
6	Research Work Undertaken			
6.1	Unaided			
6.2	Aided / Sponsored			
6.3	College /ICMR /SBMR/ others			
6.4	Any contribution / work done to improve dental education:			
7	GUEST LECTURES PRESENTED AT CONFERENCES / INSTITUTIONS:			
	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	Period of Teaching Experience (in years)	Lecture Classes Hrs	Practicals/Demonstration Hrs :		Chair side Clinics Hrs :		
	Under Graduate Classes						
	Post Graduate Classes						
15	Administrative Responsibilities	Committee Involvement		Event Coordination		Other Administrative Duties, if any	
		Committees Served on					
		Role & Contribution					
16	Particulars of mentoring in the current academic year	No of allotted students		Mention your actions to improve student's academic performance		Particulars of mentoring in the current academic year	
17	Any other relevant information or accomplishments not covered above.						
18	Signature of Staff Member with Date						