

# DAV UNIVERSITY, JALANDHAR

## PERFORMANCE REVIEW REPORT ON FACULTY

FOR THE PERIOD FROM JULY ..... TO JUNE .....

### PART- I

#### (SELF-ASSESSMENT FORM)

(To be filled by the Faculty to be reported upon)

1. Name in full: \_\_\_\_\_ 2. Designation: \_\_\_\_\_

3. Branch/Department: \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_

5. Date of Appointment: \_\_\_\_\_ 6. Pay Scale: \_\_\_\_\_

7. Educational Qualification: \_\_\_\_\_

8. Classes taken: \_\_\_\_\_

9. Subjects assigned: \_\_\_\_\_

10. Work load per week: \_\_\_\_\_

11. Conferences, Seminars, Workshops attended during the session:

Sr. No.	Date	Title of Conference/ Workshop	National/ International	Title of Paper presented	Venue

12. Organization of Conference/ Workshop:

Sr. No.	Date	Title of Conference/ Workshop	National/ International	Title of Paper presented	Venue

13. Invited Lectures:

Sr. No.	Date	Name of the Organization	Subject

14. Consultancy (Give details):

15. Research Output during the session:

i. Research Papers in SCI/ Non-SCI Journals							
S No	Authors	Title of the Paper	Journal's Name & Place of Publication	Publication & ISSN	Vol./ Page No/ Year	Impact Factor	Citations

ii. Articles/ Research Papers in other Journals							
S No	Authors	Title of the Paper	Journal's Name & Place of Publication	Publication & ISSN	Vol./ Page No/ Year	Impact Factor	Citations

iii. Research Articles in Books							
S No	Authors	Title of the Book	Title of the Article	Place of Publication	Publisher & ISBN	Page No	Citations

iv. Review Articles/ Any other publication							
S No	Authors	Title of the Book	Title of the Article	Place of Publication	Publisher & ISBN	Page No	Citations

16. Academic Staff Orientation Programme/ Refresher Course Attended :

Name of the Course	Place	Duration	Sponsoring Agency

17. Any special achievement/ award: \_\_\_\_\_

18. Any other information: \_\_\_\_\_

Date:

Signature of Faculty  
Employee ID:

**PART – II**

**(To be filled by the Reporting Officer)**

Faculty Name to be reported upon: \_\_\_\_\_ Department: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Length of service under Reporting Officer from \_\_\_\_\_ to \_\_\_\_\_

<b>Trait</b>	<b>Score</b>	<b>Remarks</b>
Punctuality (0-5 points)		
Conduct (0-5 points)		
Coordination (0-5 points)		
Regularity in taking classes (0-5 points)		
Quality of teaching (0-10 points)		
Students' response (0-5 points)		
Attitude towards students (0-5 points)		
Examination, Evaluation and other University work (0-5 points)		
Extra-curricular/ Co-curricular activities (0-5 points)		
<b>Total Score (Max 50 points)</b>		

Any comments on Part-I as filled by the faculty: \_\_\_\_\_

\_\_\_\_\_

Date:

Signature of the Head of the Deptt.  
Name in full:  
Designation:

**To be filled by the Dean (Academics)**

State, if the faculty has been punished/ reprimanded/ warned during the period under report:

\_\_\_\_\_

Signature of the Dean (Academics)

Name in full:

Remarks: \_\_\_\_\_

Date:

**PART- III**

**(Reviews of the Reviewing / Accepting Authority)**

1. Do you agree with the remarks of the Reporting Officer recorded in Part-II, if no, indicate reasons:

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2. Do you agree with the score given by the Reporting Officer, if no, indicate reasons:

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Signature of the Reviewing Accepting Authority

Name in full:

Designation:

Employee ID:

Date: