

RAGAS DENTAL COLLEGE AND HOSPITAL

Proforma for Performance Based Appraisal System

1. I, Dr. _____

S/o, D/o, W/o _____

2. Date of Birth (DD/MM/YYYY):

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3. Residential Address of Faculty:

(a) Present.. _____

(b) Permanent .. _____

4. Contact Details: Mobile No. _____ Resi. Tel. No. with STD Code _____

Email _____

5. Pan Card No. _____.

*6. Aadhaar Card No. _____

*7. Qualifications:

Degree	Name of the Institution	University	Year & Month of Passing	Speciality	Name of the State Dental Council	*Registration No. of UG & PG with date of Renewal
B.D.S.						
M.D.S.						
Any Other						

8. Present Designation: _____

9. Name and Postal Address of College/Institution: _____

10. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor				
Reader/Associate Professor				
Professor				
Dean/Principal				

*11. DETAILS OF PUBLICATIONS:

S.No.	Title of the Articles	Journal Details	Points
1.			
2.			
3.			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

12. DETAILS OF WORKSHOPS/CONFERENCES ATTENDED:

S.No.	Name of the conferences/workshops	CDE Points
1.		
2.		
3.		
4		
5		
6		
7		
8		
9		
10		

13.

RESEARCH GUIDANCE:		No. of Candidates & Year of Award Submission of Thesis
M.D.S (For Guides)		
M.D.S (For CO- Guides)		
Ph.D degree		

14.

Measures taken to Motivate Slow learners&Fast Learners in your courses handled by your Department						
Course name	Measurable Criteria to identify Slow Learners	No of slow learners	Action taken for slow learners	Criteria to identify advanced learners	No of advanced learners	Action taken for advanced learners

15.

Mention your contribution apart from teaching for the year of appraisal	
a) For the department	

b) For the Institution	UG&PG Admission work NAAC&UGC inspection work Colege website updation work Infra work QAC Library related works ISO Audit related works Hostel 5S related work Disciplinary committee Any others
Mention the possible contributions that can be made by you for the development in future	
Department level	
Institutional Level	

I, hereby, declare that the above information and documents provided by me are absolutely true, correct and authentic to the best of my knowledge. In the event of any statement made in this declaration is found to be incorrect or false I fully understand that I am liable for any necessary disciplinary/legal action.