



Shri Vithalrao Joshi Charities Trust's
SAMARTH NURSING COLLEGE
ISO 9001 : 2015 Certified
Kasarwadi, Post Sawarde, Tal. - Chiplun, Dist. - Ratnagiri 415 606.
Phone : 02355-264149/137 Fax : 02355-264181
Email : sncdervan@gmail.com
Website : www.svjetsamarthnursing.com

(Recognised by Indian Nursing Council, Maharashtra Nursing Council & Maharashtra University of Health Sciences, Nashik and MSBNPE Board, Mumbai)

FACULTY (NON TEACHING) PERFORMANCE APPRAISAL FORM

NAME OF THE EMPLOYEE:

JOB TITLE:

DEPARTMENT:

YEAR:

SR.NO	ITEM	5	4	3	2	1
1.	Ability to do satisfactory work.					
2.	Ability to work with other in harmony.					
3.	Ability to improve self.					
4.	Enthusiastic and willingness to do work.					
5.	Interest in assuming additional responsibilities.					
6.	Timely completes the given task.					
7.	Ability to interact with people.					
8.	Cooperative.					
9.	Reliability.					
10.	Punctuality.					

Comments:


Results:

Excellent: 40-50

Good: 30-40

Average: 20-30

Poor: < 20


Principal
Samarth Nursing College
Kasarwadi, Sawarde,
Tal. Chiplun, Dist. Ratnagiri 415606



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FACULTY PERFORMANCE APPRAISAL FORM

FOR THE PERIOD: FROM _____ TO _____

1. NAME OF THE FACULTY MEMBER _____
2. DESIGNATION _____
3. DATE OF BIRTH _____
4. EDUCATIONAL QUALIFICATION _____
5. DATE OF JOINING _____
6. PERIOD OF ABSENCE FROM DUTY _____
7. PERIOD OF LEAVE/TRAINING DURING DUTY _____

SELF ASSESSMENT REPORT

8. NAME OF THE COURSE TAUGHT _____
9. TEACHING LOAD ALLOTTED (THEORY) _____
10. TEACHING LOAD ALLOTTED (PRACTICAL) _____
11. NO. OF TOTAL LECTURES DELIVERED _____
12. NO. OF TOTAL PRACTICAL HOURS TAKEN _____
13. SHORT FALL IN NO. OF PERIODS (THEORY) _____
14. SHORT FALL IN NO. OF PERIODS (PRACTICAL) _____
15. REASON FOR SHORT FALL IN PERIODS _____
16. RESEARCH GUIDED OR SUPERVISED _____
17. PROJECT COMPLETED OTHER THAN STUDENTS _____
18. ANY INNOVATION INTRODUCED IN TEACHING _____
19. PAPER/BOOK PUBLISHED _____
20. ANY CONTRIBUTION TO ACADEMIC OR ADMINISTRATION _____

- A) CURRICULUM DEVELOPMENT _____
- B) CURRICULAR ACTIVITY _____
- C) COMMUNITY SERVICES _____
- D) SEMINARS _____
- E) WORKSHOP _____
- F) SYMPOSIUM _____
- G) CONFERENCE _____
- H) OTHERS (SPECIFY) _____

21. MEMBERSHIP OR FELLOWSHIP OF PROFESSIONAL /ACADEMIC BODIES, SOCIETES ETC

PLACE: _____ SIGNATURE: _____
DATE: _____ NAME: _____

ASSESSMENT OF REPORTING OFFICER

Kindly provide assessment on the five point scale in respect of the following

Outstanding Very Good Good Satisfactory Unsatisfactory
 5 4 3 2 1

a	Teaching load & regularity in taking class				
b	Contributions to institution				
c	Knowledge of work				
d	Communication skills (oral and written)				
e	Initiative and adaptability for work				
f	Aptitude to work				
g	Ability to inspire and motivate				
h	Supervisory ability				
i	Interpersonal relationship among team members				
j	Integrity and trust worthiness				
TOTAL					

REMARKS:-

Outstanding: 91% to 100%
 Very good: 71% to 90%
 Good: 51% to 70%
 Satisfactory: 41% to 50%
 Unsatisfactory: Up to 40%

PLACE:

DATE:

SIGNATURE:

NAME:


Principal
 Samarth Nursing College
 Kasarwadi, Gandhinagar,
 Tal. Waghodiya, Dist. Vadodra, 390004