



भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान भोपाल

Indian Institute of Science Education and Research Bhopal

Half Yearly/Annual Performance Appraisal Report (APAR)

For Faculty Members

1	Half Yearly* (July-December)	2	Annual (July-June)	From	To

* For probationers upto 2 years after each level of selection.

Part 1: Personal Data and self appraisal (To be typewritten on computer system by the employee to be reported upon)

1.	Name			
2.	PF No		Designation	
3.	Pay Band		AGP	
4.	Date of Birth			
5.	Present assignment since			
	Details	Course nos. taught	SRS Report Grades	
6.	Details of the courses taught & Student Reaction Survey			
	Details	Current year	Total	
7.	Publications:			
8.	Books and Book Chapters published			
9.	R&D projects received			
10.	Workshops and symposia attended			
11.	Workshops and symposia conducted			
	Details of Registered students	Presently registered	Graduated so far	
12.	Number of PGs			
13.	Number of PhDs			
	Details	Filed and under process	Received	
14.	IPRs and patents			
15.	Institutional membership details			
16.	Distinctions received			
17.	Academic/Administrative positions held			
18.	H-Index			
19.	Any other, relevant details			

Date:

Signature of the employee

Part 2: Assessment of Half Yearly / Annual Performance for Faculty Members to be filled in by the Reporting Officer/HoD (Please tick [√] mark)

Name of the employee					PF No.	
SN	Attributes	Outstanding	Very good	Good	Satisfactory	Poor
1.	Decision Making Ability to analyze relevant facts, evaluate various alternatives, indicate unequivocally logical, timely and workable course of action in the interest of the organisation as a whole.					
2.	Contribution to the Department: Establishing laboratory, preparing course contents etc.					
3.	Commitment to task assigned:					
4.	Devotion to Duty:					
5.	Interpersonal Relationship Management :					
6.	Interaction with the students:					
7.	Intellectual honesty, creative and innovative qualities:					
8.	Integrity:					
9.	Overall Teaching Contributions					
10.	Overall Research Performance					
11.	Overall Administrative Functional Support					
Overall Rating:						
Comments, if any						

Date:

Signature of the Reporting Office/HoD

Part 3: Special observations by the Reporting Officer/HoD:

Name of the employee		PF No.
1.	Length of service under the Reporting Officer/HoD	
2.	Please comment on (a) integrity and (b) state of health of the employee	
3.	Any special remarks on the positive contributions by the employee and on the self appraisal submitted	
4.	Any adverse remarks on the negative performance of the employee	
5.	In case of any adverse remarks please indicate whether employee was informed verbally or in writing during the period under report and enclose the correspondence, if any	
6.	Signature of the Reporting Officer/HoD	
7.	Name of the Reporting Officer/HoD	
8.	Designation	
9.	Seal	
10.	Date	

Part 4: Observations and acceptance remarks by the Reviewing Officer(s)/Accepting Authority:

Name of the employee:		PF No.	
SN	Item description	Reviewing Authority	Accepting Authority
		DOFA	Director
1.	Length of service under the Reviewing Officer		
2.	Remarks of Reviewing Officer on the judgment and fairness of the Reporting Officer/HoD in general		
3.	Whether the Reporting Officer/HoD is unbiased towards SC/ST/OBC/ physically handicapped employees reported upon.		
4.	Overall grading awarded in case of any variance with the grading awarded by the Reporting Officer/HoD with comments / reasons.		
5.	Signature:		
6.	Name:		
7.	Seal		
8.	Date		

Part 5: Follow up action (By DOFA Office)

1.	Adverse remarks, if any, were communicated to the employee on	
2.	Brief particulars of final decision taken on the representation received, if any	
3.	Signature of the record keeping officer / DoFA	
4.	Name	
5.	Designation	
6.	Seal	
7.	Date	

