



# 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*<br>(July-December) | 2 | Annual<br>(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.                      | <b>Decision Making</b><br>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.                      | <b>Contribution to the Department: Establishing laboratory, preparing course contents etc.</b>   |             |           |      |              |      |
| 3.                      | <b>Commitment to task assigned:</b>  |             |           |      |              |      |
| 4.                      | <b>Devotion to Duty:</b>   |             |           |      |              |      |
| 5.                      | <b>Interpersonal Relationship Management :</b>   |             |           |      |              |      |
| 6.                      | <b>Interaction with the students:</b>  |             |           |      |              |      |
| 7.                      | <b>Intellectual honesty, creative and innovative qualities:</b>  |             |           |      |              |      |
| 8.                      | <b>Integrity:</b>  |             |           |      |              |      |
| 9.                      | <b>Overall Teaching Contributions</b>  |             |           |      |              |      |
| 10.                     | <b>Overall Research Performance</b>  |             |           |      |              |      |
| 11.                     | <b>Overall Administrative Functional Support</b>   |             |           |      |              |      |
| <b>Overall Rating:</b>  |  |             |           |      |              |      |
| <b>Comments, if any</b> |  |             |           |      |              |      |

**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   |  |

