

COORG INSTITUTE OF DENTAL SCIENCES, VIRAJPET

PERFORMANCE APPRAISAL FOR FACULTY

For the period fromto.....


SECTION A

(To be filled by the HR)

1. Name of the Faculty Member :
2. Designation :
3. Date of Birth :
4. Educational Qualifications
Including professional and
Technical qualifications :
5. Date of continuous appointment :
6. Date of appointment to the present
Post :
7. Period of absence :
(Leave, training etc. during the
Year. If he/she has undergone
Training, please specify)

Name of the Assessment Officer

.....


PRINCIPAL
PRINCIPAL
Coorg Institute of Dental Sciences
VIRAJPET, PIN - 571 218

SECTION B

Length of Service

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

Outstanding ***Very Good*** ***Good*** ***Satisfactory*** ***Unsatisfactory***
5 4 3 2 1

Please indicate your evaluation on each parameter by putting in the appropriate number in the column opposite the parameter.

In case the rating is unsatisfactory, please give reasons thereof separately


A. Performance and General Attributes (Weightage-50)

Assessment on Five-point scale

1	Knowledge in the sphere of work	
2	Quality of output	
3	Communication skills (oral and written)	
4	Initiative and adaptability (resourcefulness in handling normal and unforeseen problems and willingness to take responsibilities in the new area of work)	
5	Aptitude to work	
6	Acceptances of responsibilities beyond academic activities (working beyond call)	
7	Ability to inspire and motivate	
8	Supervisory ability	
9	Interpersonal relations and team work	
10	Integrity and Trust worthiness	
11	General conduct	
	Total	

B. General assessment taking all the above parameters.

Outstanding	91 to 100
Very Good	71 to 90
Good	51 to 70
Satisfactory	45 to 50
unsatisfactory	40 to 50 (Up to 40)


PRINCIPAL
PRINCIPAL
Coorg Institute of Dental Sciences
VIRAJPET, PIN - 571 218

Signature of the Reporting Officer
Date