



## **FACULTY APPRAISAL SYSTEM**

Pushpagiri College of Dental College follows an inbuilt systematic performance appraisal system to evaluate the employees both teaching and non-teaching staffs in a given period of time and helping them to improve their performance in the areas of inefficiency. This appraisal system is applicable for both teaching and non – teaching staff of our institution.

Faculty appraisal system is a regular review of employee's job performance and overall contribution to the institution. The appraisal system gives importance for academic performance and research activities and to personal development. The goals are created for one academic year with qualitative and quantitative assessment and time period of completion of goals are also planned from the commencement of the academic year. The progress of the PCDS is evaluated at the middle of the year and the attainment of the goals is evaluated at the end of academic year. This appraisal system evaluates every aspect of a teaching faculty right from academics, co-curricular, research works and clinical works on day to day basis. This evaluation form is formulated with a motive that all works carried out by a staff in the institution has to be properly documented and appreciated. There will be an annual assessment of the appraisal system by the higher authorities.

The salient features of the performance appraisal system are as follows:

### **Teaching Staff**

a) The performance of each faculty member is assessed according to the Faculty Appraisal System.

This gives the staff a consolidated view of their value, their efforts and contribution to the institution and areas in need of improvement.

b) Promotions are based on appraisal systems



- c) The institute undertakes a wide range of activities besides academics, for which faculty members are assigned additional duties and responsibilities, which are mostly voluntary. The Institute accords appropriate weightage for these contributions in their overall assessment.
- d) The faculty members are informed well in advance of their due promotion.
- e) The appraisal is filled by the Faculty Member, which is then checked and verified by the Heads of the Departments, followed by the Principal and the Director.

### **Non-Teaching Staff**

All non-teaching staffs are also assessed through annual confidential reports and annual performance appraisal. The various parameters for staff members are assessed under different categories i.e. Character and Habits, Departmental Abilities, Capacity to do hard work, Discipline, Reliability, Relations/Co-operation with superiors, subordinates, colleagues, students and public.

**Dr. Aby Mathew T. MDS**  
Principal  
Pushpagiri College of Dental Sciences



# PUSHPAGIRI COLLEGE OF DENTAL SCIENCES

## FACULTY APPRAISAL FORM

( All details should be from 1<sup>st</sup> Jan 2018 to 31<sup>st</sup> Dec 2018 only)

---

Name of the faculty :

Period of appraisal :

Present Designation  
Date of entry in Service :

Date of appointment to the present post :

---

### QUALIFICATIONS

---

---

- 1.
  - 2.
  - 3.
- 

### EXPERIENCE

---

#### WORK DETAILS (To be filled by Employee)

##### **1. Academic activities (UG and PG)**

###### **(A) Teaching- Theory**

No of theory classes taken for each batch of students-

---

###### **(B) Teaching- Clinics/Practicals**

No of UG Clinical cases guided:

No of UG Preclinical sessions guided:

No of UG Seminars guided:

No of PG Clinical cases guided:

No of PG Preclinical sessions guided:

No of PG Seminars guided:

No of PG Journal clubs guided:

No of PG Thesis guided:

1

**Dr. Aby Mathew T. MDS**  
Principal  
Pushpagiri College of Dental Sciences



No of PG Library dissertations guided:

No of dental camps coordinated:

No of Radio programmes conducted:

**(C) Examinership/Observership**

No of Internal Examinerships (Batch and year):

No of External Examinerships:

No of Observership(KUHS)s:

No of Practical Chairmanship(KUHS):

No of Theory Chief Superintendentship(KUHS):

No of theory Internal examination invigilations:

No of I BDS evening study class monitoring done:

**(D) Paper Evaluator**

No of internal UG paper valuations done:

No of External UG paper valuations done:

No of internal PG paper valuations done:

No of External PG paper valuations done:

**(E) Role in University(KUHS) activities**

Member of KUHS committees/Boards:

Attended any meetings/CDE/Academic programmes of KUHS:

**(F) Mentor role for students**

Department mentor for students( Mention the batch of the students):

Overall mentor for students (Mention the batch of students) :

**2.Clinical Activities**

Total No of clinical cases done:

Dr. Aby Mathew T. MDS  
Principal  
Pushpagiri College of Dental Sciences



### **3. Administrative Works-**

#### **Department Administration-**

Preparation of lecture schedules of any batch of students-

Tabulation of Internal Assessment marks and Attendance-

Monitoring of Stock register-

Preparation of data for KUHS/DCI inspections-

#### **4. Infrastructure Development of the Department / Institution**

Mention the details if involved in setting up of any Special clinic / PG clinic/ Priority clinic in the department/institution during period

#### **5. Attending and Presenting Scientific Paper and as Resource person in CDE Progs/Workshops/Conferences**

No of CDE progs/ Workshops/ Conferences attended:

No of scientific presentations done in CDE progs/ Workshops/ Conferences:

Awards won for scientific presentations if any:

#### **6. Research Activities (Include Funded and Self funded projects)**

Mention the title, funding agency, work status of Self and Student projects (Mention name and year of student)-

#### **7. Research Publications (With Authorship, Publication points as per DCI criteria and Indexation)**

#### **8. Professional Association Activities**

Details of Activities done in IDA local/state/national branch or Kerala State Specialty Associations



**Dr. Aby Mathew T. MDS**  
Principal  
Pushpagiri College of Dental Sciences

### 9.Coordinator of Activities of the Institution

(Mention details of role in College day activity, Sports day, Arts day, Onam celebration, Clinical club, CDE progra Conferences, Graduation day, Green club, NSS activities etc)


### 10.Others (PI Specify)

### Self Evaluation Form (To be filled by the Employee)

#### Part 1: Career Development

1. What steps have you taken since your last review to improve yourself as relates to your current position' (Mention new qualifications, promotions, awards and honors)



  
**Dr. Aby Mathew T. MDS**  
Principal  
Pushpagiri College of Dental Sciences

2. What outcomes and improvements have you seen as a result of the actions described above?

3. What goals would you like to set for yourself to accomplish during the next review period?

4. What can your supervisor do to help ensure that you are making progress towards accomplishing professional development goals?

**Part 2: Performance Traits(Tick the appropriate boxes)**

1. How would you rate yourself in terms of consistency?

1	2	3	4	5
Deficient	Needs improvement	Not strong or weak	About average	Outstanding

2. How would you rate yourself in terms of professional communication skills?

1	2	3	4	5
Deficient	Needs improvement	Not strong or weak	About average	Outstanding

3. How would you rate yourself in terms of technical skills?

1	2	3	4	5
---	---	---	---	---

5



**Dr. Aby Mathew T. MDS**  
Principal  
Pushpagiri College of Dental Sciences

Deficient    Needs improvement    Not strong or weak    About average    Outstanding

4. How would you rate yourself in terms of organizational skills?

1                      2                      3                      4                      5  
Deficient    Needs improvement    Not strong or weak    About average    Outstanding

5. How would you rate yourself in terms of reliability?

1                      2                      3                      4                      5  
Deficient    Needs improvement    Not strong or weak    About average    Outstanding

6. How would you rate yourself in terms of being a team player?

1                      2                      3                      4                      5  
Deficient    Needs improvement    Not strong or weak    About average    Outstanding

**Part 3: Additional Comments**

Please provide any additional comments or feedback that you would like to share.

---

---

---

---

**Submitted by:**

---

Name of Employee

Signature

**Performance Appraisal Form (To be filled by HOD)**

1. For each of the items listed below, please comment on the employee's performance, along with suggestions for improvement. (Tick the appropriate boxes)

(A =Outstanding, 5 points    B=Exceeds Expectations, 4 points    C=Meets Expectations, 3 points  
D=Improvement Needed, 2 points)



**Dr. Aby Mathew T. MDS**  
Principal  
Pushpagiri College of Dental Sciences



No.	Domain	A	B	C	D
1.	Job Knowledge				
2.	Technical Skills				
3.	Quality of work				
4.	Productivity or Work Output				
5.	Initiative and Creativity				
6.	Problem Solving skills				
7.	Leadership capability				
8.	Team work				
9.	Attendance				
10.	Dependability				
11.	Work Ethic				
12.	Adherence to institutional Policy				
13.	Commitment				
14.	Professional Growth				
	<b>Total Score</b>				

**Overall Performance** – Rate employee’s overall performance in comparison to position duties and responsibilities

Total Score=

Outstanding  
(70 to 57 points)

Exceeds Expectations  
(56 to 43 points)

Meets Expectations  
(42 to 29 points)

Improvement Needed.  
(28 points)



**Dr. Aby Mathew T. MDS**  
Principal  
Pushpagiri College of Dental Sciences



2- List and describe the employee's top three accomplishments during the rating period:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. List and describe the employee's three greatest strengths, giving specific examples of how the employee uses these strengths in his or her position.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**HOD's overall rating and comments (Not be reported to the employee)**

Signature with Date

**Principal's overall rating and comments**



**Dr. Aby Mathew T. MDS**  
Principal  
Pushpagiri College of Dental Sciences

Signature with Date

**Director Medicity's overall rating and comments**

Signature with Date

**Director Academics overall rating and comments**

Signature with Date



**Dr. Aby Mathew T. MDS**  
Principal  
Pushpagiri College of Dental Sciences

# Application for Promotion

From

To The Academic Director  
Pushpagiri Group of Institutions

Respected Father,

Sub: Request for promotion

Ref: Appointment letter dated/Previous promotion letter dated/.....

I have been working in Pushpagiri College of Dental Sciences in the department of .....on full time basis as given below. The department has been adding services/patients such that, the services of the post ..... is necessary.

## I) Qualifications

Qualification	College, University, Year & Month	Registration No. of UG & PG with date	Name of the State Dental Council
BDS			
( MDS )			
( Any Other )			

Page 1 of 4



**Dr. Aby Mathew T. MDS**  
Principal  
Pushpagiri College of Dental Sciences

Details of my previous appointments/teaching experience after MDS Qualification only if employed on full-time basis is mentioned below (*teaching experience on part-time/visiting basis or on daily wages basis are not acceptable*)

Designation	Department & Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years-months-day

II) I have had my contribution to the academic activities in the department during last one year in the following manner.

Activities	Self	Unit	Department
(a) Theory classes			
(b) Clinical Seminars			
(c) Journal Clubs			
(d) Case presentations			
(e) Group discussions			

In addition, I have helped to arrange the following guest lectures/CDE/Conferences in last 12 months.

- 1.
- 2.
- 3.



*Handwritten signature of Dr. Aby Mathew T. MDS*

**Dr. Aby Mathew T. MDS**  
Principal  
Pushpagiri College of Dental Sciences

III) The department has initiated or continued to provide special services such as the following in the recent past in which my contributions were acknowledged.

S.No.	Name of the Service	Days on which held	Timings	Average No. of cases attended	Name of In charge
1					
2					
3					

IV) I have been shown as ..... In the last DCI inspection of the .....institute/department (strike whichever) on .....

V) I have been entrusted with special duties by the department or the management as given below.

Duties assigned	Department	Reporting to	Achievements

VI) My publications are as shown below during the designated period applicable for the promotion. I can vouch that these were carried out during my tenure in the institute and with co-operation of the other faculty and head of the department. I have enriched the academic credentials of the department towards recognition of the courses conducted.

Name and type of article	Journal	Authors	Indexation	Points

**VII)** I have taken care to file all the necessary documents in the office as per the requirements of the DCI.

<u>S.No</u>	<u>Documents</u>	<u>Submitted</u>
1.	Recent Passport size photo of the Employee	Yes / No
2.	For proof of the residential Address please attach any one of the following documents :- (a) Ration Card (b) Telephone Bill in the name of Deponent (c) Election Card (d) Water Bill in the name of Deponent (e) Proof of Children Education (f) Electricity Bill in the name of Deponent	Yes / No
3.	Certified copies of present appointment order at present Institute.	Yes / No
4.	Acceptance letter at the present institute.	Yes / No
5.	Copies of Degree certificates of BDS and PG degree.	Yes / No
6.	Copies of Registration of BDS and PG degree.	Yes / No
7.	A certified copy of – (a) Appointment letter of the previous institutions	Yes / No
8.	A certified copy of –(b) Resignation to the previous institutions or Relieving letter from the previous institutions	Yes / No
9.	Copy of experience certificate for all teaching appointments held before joining present institute.	Yes / No
10.	PAN Card	Yes / No
11.	Form 16 (TDS certificate) In the case of Professor last three financial years and in the case of Reader last one financial year.	Yes / No

**VIII)** I have been contributing to the work of the department in the following manner for the past one year. I have helped document all the weekly activities in a regular manner to the best of my ability.

Particulars	Department	Unit	Self
Weekly clinical work load for OPD			
Weekly clinical work load for IPD			
No. of procedures done per week: Major:- Minor:-			

It is declared that each statement and/or contents of this declaration made by the undersigned are absolutely true and correct.

Date :

Place :



( Signature of the Candidate )

Page 4 of 4

**Dr. Aby Mathew T. MDS**  
Principal  
Pushpagiri College of Dental Sciences



**PERFORMANCE APPRAISAL FORM**  
**SELF APPRAISAL**

Name : ..... Date of Appointment : .....

EMP ID : ..... Present Scale of Pay / Salary : .....

Designation:..... Educational Qualification .....

Department : ..... Professional Qualification .....

**1. Additional Educational Qualification acquired if any (After the last appraisal)**


Qualification	Specialization	University	Year of Pass	% of Marks


**2. Training Programme attended (After the last appraisal)**

Subject	Duration of Training	Conducted by	Remarks (if any)

**3. Self Assessment by the Employee**

(Job satisfaction, Service conditions, Co-operation from workers / superiors, Suggestions etc should be included)





**Dr. Aby Mathew T. MDS**  
Principal  
Pushpagiri College of Dental Sciences

Signature of the Employee .....

Date .....





**1. Comments of General Manager (HR)**

Name	Signature	Date

**2. Comments of Director - Institution**

Name	Signature	Date

**Notes by HR - Based on the documents in the personal file of the employee**

Name	Designation	Signature	Date

**3. Decision of Director (HR)**

Name	Signature	Date

**Instructions for Appraisal**

1. Every hierarchical authority shall express their own inferences / opinion about the staff and also as to agreeing or disagreeing about the comments and remarks stated above.
2. Performance standards :- 90 to 100 is Outstanding or Excellent. [Performance is exceptional and far exceeds expectations and consistently demonstrates excellent standards in all job requirements]. 76 to 89 is Very Good. [Performance is consistent and exceeds expectations in all situations]. 60 to 75 is Good. [Performance is consistent and meets essential requirements of job]. 50 to 59 is Fair. [Performance is satisfactory only. Just meeting the requirements of the job]. Below 50. Poor / Unsatisfactory.
3. Poor / Fair and Excellent performance standards shall be validated with documentary proof and evidences.
4. Movement Channel / Route of the Appraisal form :- HR Department - Reporting Officer - General Manager (HR) - Director of the Institution - HR Department - Director (HR). Appraisal form other than self-appraisal form shall never be handed over to the staff by the HR Department. The authorities at various levels also shall never handover the form nor shall it be filled with the knowledge or presence of the appraisee.

