



Mary Matha Arts and Science College Mananthavady

SELF APPRAISAL FORM FOR FACULTY

A. General Information:

- a) Name:
- b) Date of Birth:
- c) Designation:
- d) Department:
- e) Area of Specialization:
- f) Date of Appointment:
- g) Address (Residential)
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- h) Email: Contact no.:

Self-Attested
passport size
photograph

B. Academic and Professional Qualification:

S. No	Degree/Award	Board/ University	Percentage	Passing Year	Distinction	Remark (if any)
1	Matric					
2	Intermediate					
3	Graduation					
4	Post-Graduation					
5	Ph.D					
6	D.Litt. /D. Sc.					
7	NET/JRF/SRF					
	Any Other					

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C. Teaching Experience (for ongoing academic session):

a) Courses Taught (no of periods in one week)

S. No	Courses	Theory	Practical
	I Sem		
	II Sem		
	III Sem		
	IV Sem		
	V Sem		
	VI Sem		
	PG		
	Diploma/ Certificate Course		
	Any other		

b) Other Responsibilities (in this academic session)

i. External Examiner (both Inside and outside University)

ii. Internal Evaluation

iii. Paper setting

iv. Thesis/Dissertation

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D. Improvement of professional competence

a) Attended/participated till now excluding this academic session (Only total no.)

S. No	Event	Total Numbers
1	Refresher Course	
2	Orientation Course	
3	Special Course / School	
4	International Conferences, Seminars and Workshops as Organizer	
5	International Conferences, Seminars and Workshops as Presenter	
6	International Conferences, Seminars and Workshops as Resource Person	
7	National Conferences, Seminars and Workshops as Organizer	
8	National Conferences, Seminars and Workshops as Presenter	
9	National Conferences, Seminars and Workshops as Resource Person	

b) Attended/participated in this academic session.

S. No	Event
1.	Refresher Course / Orientation Course / Special Course / School
2.	International Conferences, Seminars and Workshops as Organizer/ Presenter / Resource Person
3.	National Conferences, Seminars and Workshops as Organizer/ Presenter / Resource Person

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E. Research Contributions:

a) Supervised till now excluding this academic session

S. No	Course	Awarded	Submitted	Undergoing
1	Ph.D.			
2	M. Phil			

b) In this academic session

S. No	Course	Awarded	Submitted	Undergoing
1	Ph.D.			
2	M. Phil			

c) Research Projects Details

Projects Completed:

S. No	Title	Funding Agency	Completion Date	Grant
1				
2				

Projects Ongoing:

S. No	Title	Funding Agency	Starting Date	Grant
1				

d) Editorial Contribution:

e) Publishing own journal (print/online) with the permission of higher authorities of institute.

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Academic Publication:

a). Detail of publications so far excluding this academic session (Total no. only):

S. No	Published	Numbers
1	International Journal	

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2	National Journal	
3	Proceeding of International/National Conference	
4	Book	

b). Detail of publications in this academic session:

S. No	Title	Detail of Journal/ Proceeding/ Book	ISSN / ISBN	Year	International / National

F. Participation in corporate life:

Please give a short account of your contribution to:

- a) Co-Curricular Activities

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b) Enrichment of campus life (hostels, sports, games, cultural activities)

c) Students Welfare and Discipline

d) Membership/Participation in Bodies/Committees on Education and National Development

e) Positions held/leadership role played in organization linked with extensions work and national services scheme (NSS), or NCC or any other similar activity.

Signature of the Teacher

G. Verification of factual Data:

- a) General Information
- b) Teaching
- c) Details of Innovations/Contribution in Teaching, During the year
- d) Improvement of Professional Competence
- e) Research Contributions
- f) Extension Work/Community Service
- g) Participation in Corporate Life.

Signed and Verified by
Head of the Department

Observations to be recorded by the Head of the department.

S. NO	Statements	Excellent/Very Good/fair Bad/very Bad.
1	Observations on the factual data supplied by the teacher.	
2	Professional competence evinced.	
3	Punctuality and regularity.	
4	Participation in the departmental work.	
5	Relation with colleagues.	
6	Relation with Student.	

Date.....

Signature of the Head of the Department

Remarks of the Principal:

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Date.....

Signature of the Principal