APPRAISAL PROFORMA- FACULTY

Report for the year / period from to to

Part 1 – Personal information (to be filled by faculty)

	1 crostiai injornication (to se fitted by facility)	
1	Name	
2	Employee ID	
3	Designation	
4	Department	
5	Qualification	
6	Date of joining	
7	Total years of teaching experience post	
	MD/MS	
8	Years of experience in current position	
9	Details of leave/ absence(to be filled by	
	HR)	

SELF APPRAISALFORM (Points/ Score-100)

$\textbf{Part 2-Duties and responsibilities} \ (\textit{to be filled by faculty})$

1 a) Brief description of duties	

2. Plea	ase list you	r achievements			
SL.NO			ACHIEVEMENTS		
i					
ii					
iii					
iv					
v					
vi					
vii					
viii					
ix					
X					
Part 3- So	elf assessn	nent form (Points/ Sco	re- 100)		
A. <u>Teaching and assessment: (Points/ Score-30)</u>(i) Student classes (Points/ Score-20)					
(1) S	tudent clas	ses (Points/ Score-20)			
Number o	of lectures	Number of clinics	Number of practicals	Number of demonstrations	
1		i ————	1		

1 b) Contribution to NAAC/ NABH/ NABL/ MoU's/ others

- (ii) Mentoring (if applicable) (Points/ Score-5)
 - a) Number of meetings held with the mentees:
 - b) Initiatives taken for slow learners:
- (iii) Innovations: (Points/ Score-5)
 - (a) Course / curriculum development:
 - (b) Technology innovation:
 - (c) Creation of teaching or assessment tools:
 - (d) Others:

B. Research & Scientific Activity: (Points/ Score-30)

(i) Research: (Points/ Score-20)

(a) Publications: (Points/ Score-5)

Sl.No	Title of publication	Type of journal (National/ International)	Nature of publications (UGC -CARE /Scopus/ Web of Science/ PubMed)	Name of journal	Authorship (1 st author or corresponding author)	Year	Link

(b) Book chapter / book: (Points/ Score-5)

Sl.No	UGC-CARE ID	Publication type	Publication	Name of	Name of	Year
			title	author	journal	

(c) Funded / collaborated research: (Points/ Score-5)

Sl.No	Name of the	Name of	Year of	Name of funding	Type (Govt	Amount	Duration of
	project	PI/co-	award	agency	/non govt)	sanctioned	project
		investigator					

(d) Innovations: (Points/ Score-5)

Sl.No	Title of patent	Applied	Granted	Year

(ii) Scientific Activity: (Points/ Score-10)

Attended international / national conference:

(a) Presented scientific paper: (Points/ Score-2)

(Invited lecture or oral presentation in international / national conference; oral presentation in state / regional / local conference or poster in international /national conference; poster in state / regional / state conference or chaired a session point)

(b) Research Projects: (Points/ Score-2)

(Principal investigator of funded project; supervisor of PhD thesis; principal investigator of non-funded project; co-investigator of funded project; supervisor of PG thesis; co-investigator of non-funded project; co-supervisor of PG thesis)

(c) Acquired degrees/ fellowships / membership of professional bodies / awards (Points/ Score-2)

(PhD/ MD/ MS/ DNB; national / international level awards or fellowships or membership of professional bodies or certificate courses; state / regional / local level awards)

(d) Organising conference / CME / Workshop: (Points/ Score-2)

(Chairperson / secretary for national / international level functions; member of organising committee for national / international level or chairperson / secretary for state /regional / local level; member of organising committee for state / regional / local level)

(e) Member of editorial board / referee / reviewer: (Points/ Score-2)

(Editorial board of international journal or a textbook; editorial board of national /regional /state journal; reviewer / referee)

C. Service: (Points/ Score-30)

(i) Patient care:

Clinical faculty only: (Points/ Score-20)

- (a) Bed occupancy in the unit:
- (b) Introduced new clinical procedure / improvised existing clinical technique:
- (c) No of surgeries / procedures done
- (d) No of cases referred outside SMVMCH for treatment:
- (e) No of medication error reported to quality manager:
- (f) Medication orders are in capital letter, dated, timed and signed:
- (g) Plan of care with desired outcomes is documented and countersigned by the clinicians:
- (h) Average time taken for initial assessment of in-patients:
- (i) TAT for completing discharge summary:
- (j) No of clinical audit done by the unit:
- (k) Adherence to competency level for performing surgical procedures:
- (l) Compliance rate to surgical safety practices:

Department of radio-diagnosis only: (Points/ Score-20)

- (a) Reporting error rates (per 1000) in imaging for individual faculty:
- (b) Percentage of re-dos in imaging for individual faculty:
- (c) Percentage of imaging reports correlating with clinical diagnosis:
- (d) Adherence to safety precautions in imaging:
- (e) No of clinical audit done:

Department of Biochemistry/ Pathology/ Microbiology only: (Points/ Score-20)

- (a) Reporting error rates (per 1000) in laboratory for individual faculty:
- (b) Percentage of re-dos in laboratory for individual faculty:
- (c) Percentage of lab reports correlating with clinical diagnosis:
- (d) Adherence to safety precautions in labs:

Department of Anesthesiology: (Points/ Score-20)

- (a) No of adverse anesthesia events reported to quality manager by individual faculty:
- (b) Percentage of modification of anaesthesia plan
- (c) Percentage of unplanned ventilation following anaesthesia
- (d) Percentage of re-scheduling of surgeries
- (e) Percentage of unplanned return to OT
- (f) Compliance rate to surgical safety practices
- (g) No of clinical audit done:

Department of Forensic Medicine only: (Points/ Score-20)

- (a) No of medico legal cases audits done:
- (b) No of cases referred outside SMVMCH from emergency department:

Department of Pharmacology only: (Points/ Score-20)

- (a) No of prescription audits done:
- (b) No of investigation done for ADR reported:
- (ii) Community programs: (Points/ Score-10)
 - (a) Organized / participated in outreach programs

D. Institutional additional responsibility: (Points/ Score-10)

Additional responsibility	Role	Experience/ Suggestions
Chairperson/ secretary/ member of		
committee		
Medical Education Unit		
Skill lab		
Faculty for value-added or add on		
course		
Examiner		
Member of BoS		
Member of editorial committee of		
journal		
Alumni association		
Others like warden, NSS/ NCC		
coordinator, sports/ cultural advisor		
(please specify)		

Declaration by faculty

I hereby declare that the details provided by me here are correct to the best of my knowledge.

DATE

SIGNATURE OF FACULTY

Declaration by head of the department

I hereby declare that the details provided are verified to the best of my knowledge.

SIGNATURE OF HOD

SECTION- B (CONFIDENTIAL)

PERFORMANCE APPRAISAL FORM

Part 4- Comment on the performance of the employee for each item listed

Execellent-5, Good- 4, Average- 3, Poor- 2, Very poor- 1

SL.NO	DETAILS	SCORE BY	SCORE BY HOD
		FACULTY	
	Assessment on personal attributes (30 % weig	ghtage)	
1	Attitude to work		
2	Sense of responsibility		
3	Maintenance of discipline		
4	Communication skills		
5	Leadership qualities		
6	Interpersonal relations		
7	Capacity to adherence to time schedule		
	Assessment on work output (40 % weighta	ige)	
8	Job knowledge		
9	Accomplishment of planned work/ work		
	allotted		
10	Quality of work output		
11	Commitment to work allotted		
12	Achievements of target/ objectives/ goals		
	(as mentioned in part 2)		
A	ssessment of functional competency (30 % we	eightage)	
13	Ability to apply knowledge in the		
	functional area		
14	Strategic planning ability		
15	Decision making ability		
16	Coordination ability		
17	Ability to motivate and develop		
	subordinates		

Total weightage scored out of 100:						
Overall performa	ance:					
Outstanding	Exceeds expectation	Meets expectation	Needs improvement			
0	0	\circ	\circ			
List and describe	e employee's strength and how	vit can be utilized in his/	her position:			
List and describe	e employee's weakness and ho	ow it can be overcome in h	nis/ her position:			
HEAD OF THE	E DEPARTMENT					

DATE

Part 5- Performance review:

Pei	rformance appraisal committee's comments	
	(Medical Superintendent's confidential comments	3)
Madical Consulator dante		Ciamatura mida data.
Medical Superintendent:		Signature with date:
	(Dean Research's confidential comments)	
Dean Research:		Signature with date:
	(Dean Academic's confidential comments)	
Dean Academic:		Signature with date:
	(Appellate authority's confidential comments)	
Appellate authority:		Signature with date: