



Dr.Vithalrao Vikhe Patil Foundation's

COLLEGE OF NURSING

Opp. Govt. Milk Dairy, M.I.D.C., Ahmednagar- 414 111

Tel:-(0241) 2778042, 2779757, 2777059, Fax:-(0241)2779782

E-mail:principal@vimscon.edu.in Website:www.vimscon.edu.in

Recognized by UGC u/s 2 (f), ISO Certified: ISO 21001:2018

NAAC Accredited 'B++' Grade



PERFORMANCE APPRAISAL (TEACHING STAFF)

FOR THE PERIOD FROM

(To)

PART - (A) To be filled by self-50 marks

1. Name: -----
2. Designation: -----
3. Department: -----
4. Assessment: -----

Instruction: Rate your performance on a 1-5 scale

S.N.	Factors	Grading
1	Completion of allotted academic schedule	
2	Use of pedagogical aids in teaching	
3	Examination duties at University level / College level	
4	Efforts for improvement of result	
5	Paper, poster publication / presentation, Copyright, Patents	
6	Workshop / CNE / Conferences / Training attended	
7	Research projects undertaken	
8	Participation in Academic /Administrative and other responsibilities (NAAC/NABH etc.)	
9	Contribution in Admission / Counselling, Development of Institution	
10	Organized curricular / Co-curricular / Extracurricular activities	
Total (50)		

Date:

Signature of Faculty

PART - (B) To be filled by Head of the Department 30 marks

Personal Qualities / Performance

Instruction: Rate performance on a 1-3 scale

S.N.	Factors	Grading
1	Ingenuity and Initiative	
2	Oral and Written Expression	
3	Relation with Superior	
4	Relation with Colleagues	
5	Willingness to learn and take responsibility	
6	Job Related knowledge	
7	Application of Knowledge /skills	
8	Timeliness/ Punctuality/Attendance	
9	Participation in Collages activities	
10	Dedication to work / achievement of the allotted work	
Total (30)		

Remarks:

Date:

Signature of HOD/Principal

PART - (C) To be filled by Principal/ Reviewing Authority 20 marks

1. Self-assessment is : (Score:)
2. Assessment by HOD is: (Score:)
3. Overall grading: A + B + C

Outstanding	Excellent	Very Good	Good	Average	Poor
100-81	81-71	70-61	60-51	50-34	34 and Below

4. Remarks of Principal:

Place:

Date:

Signature of Principal



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PERFORMANCE APPRAISAL (NON-TEACHING STAFF)

FOR THE PERIOD FROM / /20 TO / /20

(To be filled by Head of the Department)

PART- (A)

1] Name:- _____

2] Designation: - _____ 3] Department: _____

4] Assessment:-Personal Qualities &Job Performance

Excellent:-9-10		Good: - 7-8		Average: - 5-6		Poor: - 1-4	
Factors	Rating	Factors	Rating	Factors	Rating	Factors	Rating
Initiative		Application of knowledge / skills		Punctuality in work			
Written Communication		Punctuality in Attendance		Participation in College/ Hospital Activities			
Relation with Superior		Dedication to work					
Relation with Colleagues							
Relationship with Patient / Customer/ Student							
Final Total							

5] HOD Remark: - _____

Date: - / /20

Signature of HOD

PART –[B] (To be filled by Principal / Reviewing Authority)

1] Assessment by HOD is: - Liberal /Justified /Strict

2] Overall grading:-

Poor	Average	Good	Excellent	Outstanding
25 and below	26-50	51-70	71-90	91-100

3] Remarks of Principal:- _____

(Reviewing authority) _____

Place: - Ahmednagar Date: - / / 20

**Signature of
Principal/Reviewing Authority**