



# ANNOOR DENTAL COLLEGE & HOSPITAL



Recognized by the Dental Council of India, New Delhi,  
Affiliated to Kerala University of Health Sciences  
& Recognized by Govt. of India

## Performance Appraisal form



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## STAFF APPRAISAL FORM

### PART - I

#### BASIC INFORMATION

1. Review Period : June 2021 - July 2022
2. Name of the Staff : \_\_\_\_\_
3. Educational Qualification : \_\_\_\_\_
4. Designation : \_\_\_\_\_
5. Department : \_\_\_\_\_
6. Date of Joining : \_\_\_\_\_
7. Experience : In House : \_\_\_\_\_  
Previous College : \_\_\_\_\_  
Total : \_\_\_\_\_
8. Date of Birth : \_\_\_\_\_ Age \_\_\_\_\_
9. Mobile Number : \_\_\_\_\_
10. E-Mail : \_\_\_\_\_

### PART - II

#### ACADEMIC ACHIEVEMENTS

11. Progress report of the academic year

S.No	Subject Handled	University Result %
	Overall	

12. Type of innovative methods (Class Room):



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### 13. Designation in Department

Year	Designation

14. No of students placed in your department:

15. What is your special contribution for placement?  
\_\_\_\_\_

16. What actions have you taken for the following and what were the result?

Cleanliness of students	:	_____
Late arrival of students	:	_____
Improper uniform of students	:	_____
Cleanliness of class rooms	:	_____

17. Unique Contribution:

Department	College

18. Leave Record

Casual Leave	Spell Leave	Loss of Pay	Total Absence

19. No. of permission during the year: \_\_\_\_\_

20. No. of sapling planted: \_\_\_\_\_

21. Club Activities:

### **PART - III**

### **CO-CURRICULAR ACTIVITIES**

22. List of Seminars/Workshops attended during this academic year.

23. List of Articles published during this academic year.



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24. Appreciation/Awards/Recognition earned.

25. List of Sponsorship/Consultancy/Project work.

26. Other activities inside/outside the campus towards development of self & students.

27. About your work at College Name

I am satisfied because: \_\_\_\_\_

\_\_\_\_\_

I am not satisfied because: \_\_\_\_\_

\_\_\_\_\_

28. Suggestions for betterment of academics:

29. The strength and weakness analysis of your performance is as under:

Strength

1.

2.

Weakness

1.

2.

Please note the above and initiate suitable steps for converting area of weakness, which will enable you to excel in your field of work.(Training needed area).

1)

2)

**SIGNATURE OF MEMBER OF FACULTY**

**SIGNATURE OF PRINCIPAL**

- Kindly Attach Photo Copies of Necessary documents,(certificates) of conferences and CDE attended

Provide front page of Journals (Photocopy) for the year 2018-19

**ANNOOR DENTAL COLLEGE & HOSPITAL  
MUVATTUPUZHA**

**Self - Appraisal form for Non-Teaching Staff  
June 2021**

**1. Personal Details:**

<b>Name:</b>	<b>Age:</b>	<b>Sex:</b>
<b>Address:</b>		
<b>Staff ID:</b>	<b>Designation:</b>	
<b>Department:</b>	<b>Date of appointment:</b>	
<b>Work Experience:</b>		

**2. Summary of Activities**

<b>i. Duty Time -From/To:</b>	
<b>ii. Nature of work assigned:</b>	
<b>iii. Allotment of daily work if any:</b>	
<b>iv. Responsibilities held if any:</b>	
<b>v. Register / Record maintained if any:</b>	
<b>vi. Name of reporting faculty/other</b>	
<b>vii. Additional qualification:</b>	

**Signature of the Non-teaching Staff  
Date:**

**Head of the Department**

**Chief Operating Officer  
Mr. Biju K Joseph**

**Principal  
Dr. Giju George Baby**

# *Annoor Dental College & Hospital*

## **EVALUATION SHEET TO BE FILLED BY THE FIRST YEAR STUDENT**

Date \_\_\_\_\_

Name of the Student (Optional) \_\_\_\_\_

Sl No.	Attributes of the teacher	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6	Staff 7	Staff 8	Staff 9	Staff 10	Staff 11	Staff 12	Staff 13	Staff 14	Staff 15
1	Does the teacher's teaching helps you to understand the subject?															
2	Does he/she answer to your questions in class?															
3	Do you find his/her teaching method interesting?															
4	Is he/she available after college hours to help you with your study?															
5	Does he/she come to class on time?															
6	Is his/her behavior proper with you?															
7	Is he/she able to do demonstration in clinical/practical classes?															
8	Does he/she encourage you to participate in extra - curricular activities?															
9	Attitude towards student															
10	How do you rate his/her teaching methods?															
	<b>Total</b>															

Rating (1-10 each) 1- Terrible; 2- Very Poor; 3- Poor; 4- Moderate; 5- Fair/Average; 6- Above Average; 7- Good; 8- Very Good; 9- Excellent; 10-Outstanding  
 To be evaluated in every 6 months (January, June)

# *Annoor Dental College & Hospital*

## EVALUATION SHEET TO BE FILLED BY THE SECOND YEAR STUDENT

Date

Name of the Student (Optional)

SI No.	Attributes of the teacher	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6	Staff 7	Staff 8	Staff 9	Staff 10	Staff 11	Staff 12	Staff 13	Staff 14	Staff 15
1	Does the teacher's teaching helps you to understand the subject?															
2	Does he/she answer to your questions in class?															
3	Do you find his/her teaching method interesting?															
4	Is he/she available after college hours to help you with your study?															
5	Does he/she come to class on time?															
6	Is his/her behavior proper with you?															
7	Is he/she able to do demonstration in clinical/practical classes?															
8	Does he/she encourage you to participate in extra - curricular activities?															
9	Attitude towards student															
10	How do you rate his/her teaching methods?															
	<b>Total</b>															

Rating (1-10 each) 1- Terrible; 2- Very Poor; 3- Poor; 4- Moderate; 5- Fair/Average; 6- Above Average; 7- Good; 8- Very Good; 9- Excellent; 10- Outstanding

To be evaluated in every 6 months (January, June)

# *Annoor Dental College & Hospital*

## EVALUATION SHEET TO BE FILLED BY THE FINAL YEAR PART I STUDENT

Date

Name of the Student (Optional)

Sl No.	Attributes of the teacher	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6	Staff 7	Staff 8	Staff 9	Staff 10	Staff 11	Staff 12	Staff 13	Staff 14	Staff 15	Staff 16	Staff 17	Staff 18	Staff 19	Staff 20	
1	Does the teacher's teaching helps you to understand the subject?																					
2	Does he/she answer to your questions in class?																					
3	Do you find his/her teaching method interesting?																					
4	Is he/she available after college hours to help you with your study?																					
5	Does he/she come to class on time?																					
6	Is his/her behavior proper with you?																					
7	Is he/she able to do demonstration in clinical/practical classes?																					
8	Does he/she encourage you to participate in extra - curricular activities?																					
9	Attitude towards student																					
10	How do you rate his/her teaching methods?																					
	<b>Total</b>																					

Rating (1-10 each) 1- Terrible; 2- Very Poor; 3- Poor; 4- Moderate; 5- Fair/Average; 6- Above Average; 7- Good; 8- Very Good; 9- Excellent; 10-Outstanding  
 To be evaluated in every 6 months (January, June)

# *Annoor Dental College & Hospital*

## EVALUATION SHEET TO BE FILLED BY THE FINAL YEAR PART II STUDENT

Date \_\_\_\_\_

Name of the Student (Optional) \_\_\_\_\_

Sl No.	Attributes of the teacher	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5	Staff 6	Staff 7	Staff 8	Staff 9	Staff 10	Staff 11	Staff 12	Staff 13	Staff 14	Staff 15	Staff 16	Staff 17	Staff 18	Staff 19	Staff 20	Staff 21	Staff 22	Staff 23	Staff 24	Staff 25
1	Does the teacher's teaching helps you to understand the subject?																									
2	Does he/she answer to your questions in class?																									
3	Do you find his/her teaching method interesting?																									
4	Is he/she available after college hours to help you with your study?																									
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9	Attitude towards students																									
10	How do you rate his/her teaching methods?																									
	<b>Total</b>																									

Rating (1-10 each) 1- Terrible; 2- Very Poor; 3- Poor; 4- Moderate; 5- Fair/Average; 6- Above Average; 7- Good; 8- Very Good; 9- Excellent; 10-Outstanding  
 To be evaluated in every 6 months (March, August)