

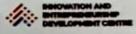
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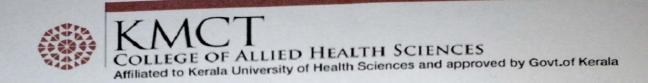
This is to certify that the information in the attached documents is verified by me and is true to the best of my knowledge.











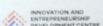
6.3.5 Performance Appraisal System



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## Performance Appraisal Report For Self-Appraisal of Teachers

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Designation :

Employee ID No. :

Date of Birth

Department :

Year :

Due date :

Date of submission

Date Signature of HOD

(SEAL)



Muthalam, Mukkam, Kozhikode - 673602 40495-2296522, 2986522, 9526013000









#### i) General information

1. Name

2. Designation :

3. Address (Residential / Phone No.)

4. Date of First Appointment in the Institution :

5. Date of Appointment in the Present Post :

6. Qualification :

7. Confirmed / on probation :

8 Date of confirmation / end of probation

Periods of Duration Spent by the Teacher on Different Kind of Leaves

Type of Leave	No. of days of leave in the Academic Year
Duty Leave	
Casual Leave	
Maternity Leave	
Medical Leave	
Others	
(Please Specify)	
Total	



Principal

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# Academic Qualification (10)

Exam Passed	University	Subjects	Year	Grade Merit
Bachelor's Degree(S)				
Master's Degree(S)				
Research Degree(S)				
Publication (give a list separately)				
Other (Diplomas/ certificates)				

A) Project guidance Carried out during the current year (20)

Name of the Students	Duration	Remarks
	Name of the Students	Name of the Students Duration



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Rochikedo, Pin - 673602

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B) Seminars, Conferences, Symposia, Workshops, etc. Attended (20)

Name of the Seminars, Conferences, Symposia, Workshops, etc.	Name of the Sponsoring Agency	Place and Date

#### iii) Teaching Experience (10)

	Courses Taught	Course/Programme	Duration	Self- appraisal score(20)
a)	U.G			
b)	P.G			
c)	Any other			

**Total Teaching Experience:** 

- (a) Under- graduate (Pass):
- (b) Post Graduate:



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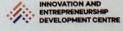
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## iv) Innovations / Contributions in Teaching(20)

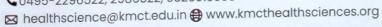
Course Taught	Course/Programme	Duration in hours/FTE	Score 20	Self- appraisal Score
i)U.G				
a) Design of	acardon of the			
Curriculum:				
b) Teaching				
Methods:				
c) Laboratory				
experiments:				
d) Evaluation				
Methods:				
e) Preparation				
of Resource				
Material,				
Including book,				
reading				
materials,				
Laboratory				
manual		- 14		
etc.:				
f) Remedial				
Teaching/				
Student				
Counselling				
(academic				
advising):				
g) Any other:				

Kozhikode

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Kozhikode, Pin - 6/3602

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# v) Extension Work/ Community Service: Score-20

vii) self-assessment score;

- A) Briefly describe your contribution to:
- 1) Community and national integration, secularism, democracy, socialism, humanism, peace, scientific attitude, philanthropy, or any social activity Cause:
- B) Title/Leader Role:
- · Play for an organization that belongs to:
- Outreach and Students Union, or other similar activities:

C)Participating in corporate life:

- · Briefly describe your contribution
- A. University/Institution:
- B. Extracurricular Activities:
- C. Fulfilling Campus Life:

(Hostel, Sports, Games, Cultural activities)

D. Student Welfare and Discipline:

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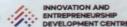
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E.	Membership/Committee Participation/	

Boards of Education and National Boards development:

- F. Professional Organizations of Teachers:
- G. (a) Membership in professional bodies, associations, etc.:
  - (b) Journal editing:
- H. Other Information:

(Signature of Teacher)



Principal Principal

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# PERFORMANCE APPRAISAL FORM FOR NON-TEACHING STAFF

Employee Information:	
Name:	
Position:	
Department:	
Appraisal Period:	

#### Instructions:

Please provide an honest and objective evaluation of the employee's performance in each category. Use the rating scale provided and provide specific examples or comments where applicable. This appraisal form will serve as a basis for performance feedback and goal setting.

#### Rating Scale:

- 5 Outstanding: Consistently exceeds expectations
- 4 Exceeds Expectations: Demonstrates a high level of performance
- 3 Meets Expectations: Performs at the expected level
- 2 Needs Improvement: Requires improvement in certain areas
- 1 Unsatisfactory: Performance falls significantly below expectations

#### Performance Categories:

SL NO	PERFORMANCE CATEGORIES	RATING
1	JOB KNOWLEDGE AND SKILLS:	
	- Demonstrates a strong understanding of job responsibilities and	
	requirements	
	- Keeps up-to-date with relevant knowledge and skills.	
	- Utilizes expertise effectively to complete tasks.	
	Comments:	
2	QUALITY OF WORK:	
	- Produces work that meets or exceeds quality standards	
	- Pays attention to detail and accuracy.	
	- Consistently delivers work on time.	
	Comments:	
3.	PRODUCTIVITY:	
	- Completes assigned tasks efficiently and effectively.	
	- Manages workload and prioritizes tasks appropriately.	
	- Meets or exceeds productivity expectations.	
	Comments:	
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	COMMUNICATION SKILLS:  - Communicates clearly and effectively, both verbally and in writing.	
	- Listens attentively and seeks clarification when needed.	
	- Conveys information in a professional and respectful manner.	
	Comments:	
5	TEAMWORK AND COLLABORATION:  - Works well with colleagues and contributes positively to the team dynamic.	
	- Shares knowledge, ideas, and resources with others.	
	- Collaborates effectively to achieve team goals.	
	Comments:	
6	INITIATIVE AND PROBLEM-SOLVING:  - Demonstrates proactivity and takes initiative in identifying and addressing problems.	
	- Offers creative solutions and suggestions for improvement.	
	- Handles challenges and setbacks with resilience.	
	Comments:	
7	ATTENDANCE AND PUNCTUALITY:	
	- Regularly attends work and arrives on time	
	- Takes appropriate leave and follows attendance policies.	
	Comments:	

# Overall Performance Rating:

- Based on the ratings provided above, please provide an overall performance rating for the employee.

Ra	ting:			
-	1	1 0 10	٨	

Employee's Self-Assessment:

- Please provide a brief self-assessment of your performance during the appraisal period, including any accomplishments, challenges faced, and areas for improvement.

#### Comments:

Supervisor's Comments and Recommendations:

- Please provide additional comments on the employee's performance, strengths, areas for improvement, and any recommendations for development or growth apportunities

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#### Comments:

Employee Development Plan:

- Based on the appraisal and feedback, please outline specific goals and objectives for the employee's professional development in the upcoming period.

Goals: Employee Signature: Date: Supervisor Signature: \_ Date:



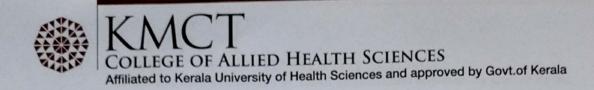
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# PERFORMANCE APPRAISAL REPORT BY HEAD OF INSTITUTION

#### **Head of Institution**

#### **General Information**

- Name: (a)
- Designation: (b)
- Department: (c)
- Area of Specialization: (d)

### **Employee Information:**

- Name of Employee:
- Position/Title:
- Department/Division:

#### **Evaluation Period:**

- Start Date:
- End Date:

### Instructions:

As the Head of the Institution, you are responsible for evaluating the performance of your employees. Please provide a comprehensive evaluation of the employee based on the criteria and performance indicators listed below. Use the rating scale provided to assess their performance. Additionally, provide specific examples or comments to support your ratings and provide constructive feedback.

#### Rating Scale:

- 1 Unsatisfactory
- 2 Needs Improvement
- 3 Satisfactory
- 4 Good
- 5 Excellent



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1. Job Knowledge and Skills:     - Demonstrates a strong understanding of job responsibilities and required skills.     - Keeps up-to-date with industry trends and developments.	
- Demonstrates a strong understanding of job responsibilities and required skills.  Keeps up-to-date with industry trends and developments.	
skills.  Keeps up-to-date with industry trends and developments.	
- Keeps up-to-date with industry trends and developments.	
- Applies knowledge and skills effectively to perform tasks and achieve goals.	
2. Quality of Work:	
- Produces work that meets or exceeds expectations in terms of accuracy,	
completeness, and attention to detail.	
- Demonstrates a commitment to delivering high-quality results.	
- Takes initiative to improve work processes and outcomes	
3. Communication and Collaboration:	
- Communicates effectively with colleagues, superiors, and subordinates.	
- Listens actively and responds appropriately to others' ideas and concerns.	
- Collaborates with team members to achieve common goals.	
4. Problem-Solving and Decision-Making:	
- Identifies and analyzes problems or challenges effectively.	
- Develops innovative solutions and makes timely decisions.	
- Considers different perspectives and gathers relevant information before	
making decisions.	
5. Initiative and Pro activity:	
- Takes initiative and goes above and beyond in performing job duties.	
- Seeks opportunities for improvement and suggests innovative ideas.	
- Shows a proactive approach to problem-solving and achieving goals.	
6. Adaptability and Flexibility:	
- Adapts to changing circumstances and priorities.	
- Handles unexpected challenges or setbacks effectively.	
7. Leadership and Team Management:	
- Provides clear direction and guidance to team members.	
- Motivates and inspires others to achieve their best.	
- Builds a positive and collaborative team environment.	
8. Professionalism and Ethics:	
- Demonstrates a high level of professionalism in behavior and appearance.	
- Maintains confidentiality and handles sensitive information appropriately.	
9. Attendance and Punctuality:	
- Regularly attends work and arrives on time.	
- Follows established procedures for requesting time off.	
- Demonstrates a commitment to meeting work schedule requirements.	

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Principal

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Overall Rating:

Please provide an overall rating for the employee's performance during the evaluation period.

**Additional Comments:** 

Please provide any additional comments, feedback, or suggestions for improvement regarding the employee's performance.

#### **Head of Institution's Information:**

- Name:
- Position/Title:
- Date of Review:

Thank you for taking the time to complete this appraisal. Your evaluation and feedback are valuable in assessing the employee's performance and identifying areas for growth and development.



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# PERFORMANCE APPRAISAL REPORT BY HEAD OF DEPARTMENT

Name of Head Of Department: Department:

#### **General Information**

- (a) Name:
- (b) Designation:
- (c) Department:
- (d) Area of Specialization:

Criteria Heading	Score	Assessed Score
Courses taken     (Maximum 25 for 100% of instructional volume, performance, and proportionate scores up to 80% of performance. No score below 80% should be awarded)	25	
2) Professional Development Activities/Continuing Education Training	5	
3) Utilization of participatory and innovative teaching and learning methods, update of curriculum content, improvement of classes, etc.	10	
4) Participate in the preparation of course materials and curriculum planning (course plan, syllabus, question bank).	10	
5) Test tasks are assigned and performed;	5	
6) Public/extracurricular/outdoor activities (participation in club activities, student development)	5	
7) Punctuality and dedication	5	
8) Excessive Teaching Efforts According to Standards	10	
Note: Theory lessons/week - 16 hours Lab/Clinic/Week - 36 hours  Mukkam Kozhik ode Pin- 673 602	Principal ege of Allied Hei	

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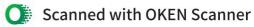






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9) Research activities	10	
A. Independent research	10	
based on expertise		
B. Joint research with faculty		
C. Publication of articles in indexed journals		
D. Publishing in non-indexed journals		
(Note: Divide the total score by the number of points above. )		
10) Community Service  Community activities conducted on behalf of the facility (identify operations), such as health education programs, medical camps, relief efforts, and activities for social causes. If no work was done, the score will be zero.	15	

Signature of HEAD OF DEPARTMENT



Principal

KMCT College of Allied Health Sciences
P.O. Manassery, Mukkam

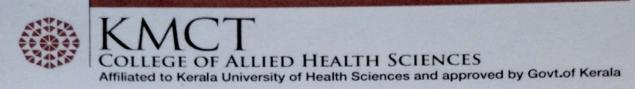
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## PERFORMANCE APPRAISAL REPORT FROM MENTEE TO MENTOR

#### **Mentee Information:**

- Name of Mentee:
- Position/Title:
- Department/Division:

#### **Instructions:**

As a mentee, you have the opportunity to provide feedback and evaluate the performance of your mentor. Please provide an honest and comprehensive appraisal based on your experience and interactions with your mentor. Use the rating scale provided to assess their performance. Additionally, provide specific examples or comments to support your ratings and provide constructive feedback.

#### Rating Scale:

- 1 Unsatisfactory
- 2 Needs Improvement
- 3 Satisfactory
- 4 Good
- 5 Excellent

#### Performance Criteria:

- 1. Availability and Accessibility:
  - Availability and willingness to provide guidance and support.
  - Responsiveness to mentee's questions and concerns.
  - Accessibility for regular meetings or communication.

#### 2. Knowledge and Expertise:

- Demonstrates a strong understanding of the mentee's field or area of interest.
- Provides valuable insights and knowledge to enhance mentee's skills and knowledge.
- Keeps up-to-date with industry trends and developments.

#### 3. Guidance and Support:

- Provides clear guidance and direction for mentee's professional growth.
- Offers constructive feedback and suggestions for improvement.
- Supports mentee in setting and achieving goals.

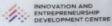
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#### 4. Networking and Connections:

- Facilitates opportunities for mentee to connect with relevant professionals in the field.
- Provides introductions or recommendations to expand mentee's network.
- Assists mentee in identifying potential career opportunities.

#### 5. Communication and Listening:

- Listens actively and attentively to mentee's concerns and questions.
- Communicates effectively and clearly conveys information.
- Encourages open and honest communication.

#### 6. Motivation and Inspiration:

- Inspires mentee to reach their full potential.
- Motivates mentee to take initiative and pursue their goals.
- Provides encouragement and support during challenges or setbacks.

#### 7. Professionalism and Ethics:

- Demonstrates professionalism in behaviour and interactions.
- Upholds ethical standards and values in mentoring relationship.
- Respects confidentiality and handles sensitive information appropriately.

#### 8. Overall Impact:

- Rate the overall impact of the mentorship experience on your professional growth.
- Provide any additional comments or feedback regarding the mentor's performance.

#### Additional Comments:

Please provide any additional comments, feedback, or suggestions for improvement regarding your mentor's performance.

#### **Mentor's Information:**

- Name:
- Position/Title:
- Date of Appraisal:
- Department:

Thank you for taking the time to complete this appraisal. Your feedback and evaluation are valuable in assessing the mentor's performance and identifying areas for growth and improvement in the mentorship relationship.

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