

[To be filled in by faculty & lab support staff (individually)]

Name of the CollegeDepartment.....

Name of the faculty/ Support staff :.....Designation.....

Semester commenced from (date):..... and end on (date).....

1. Academic Performance Details:

(A) Theory classes:

Name of subject taught during the current academic session	Semester	Teaching hours/ week	Total theory classes engaged during semester

(B) Lab classes

Name of the laboratory	Semester	No. of experiments listed /batch	Total number of lab classes engaged during the semester	Average % of attendance of students in the laboratory class

2. Details of extra responsibilities assigned

Sl. No.	Responsibility

3. Other activities

Sl. No.	Activity	Details
1	Book publication	
2	Seminar attended/Paper presented	
3	Short term course/ Seminar/ Workshop organized	
4	Total Number of Examination Papers prepared	
5	Others (if any)	

4. Training attended in last 3 years

Sl. No.	Title	Institution at which training conducted	Organizers of the training	Duration

5. Students' Feedback have taken : Yes/No

6. Suggestions for improving the quality of teaching and lab work of the dept.

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**Name & Signature of the faculty /
Lab support staff**