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

Name of the College ……………………………..……………..Department……………………..……

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

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

1. **Academic Performance Details:**
2. **Theory classes:**

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

1. **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 |
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|  |  |  |  |  |

1. **Details of extra responsibilities assigned**

|  |  |
| --- | --- |
| Sl. No. | Responsibility |
|  |  |
|  |  |
|  |  |

1. **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) |  |

1. **Training attended in last 3 years**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Title** | **Institution at which training conducted** | **Organizers of the training** | **Duration** |
|  |  |  |  |  |
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**5. Students' Feedback have taken : Yes/No**

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

**………………………………………………………………………………………………………**

**………………………………………………………………………………………………………**

**………………………………………………………………………………………………………**

**………………………………………………………………………………………………………**

**Name & Signature of the faculty /**

**Lab support staff**