MEGHNA INSTITUTE OF DENTAL SCIENCES MALLARAM (V), NIZAMABAD.

SELF APPRAISAL FORM FOR THE MONTH OF

NAME OF THE FACULTY	
DESIGNATON	
 DEPARTMENT	

1.	No. of Classes taken	
2.	No. of Discussions done	
3.	No. of Cases done	
4.	No. of Seminars attended	
, 5.	No. of Cases guided	
6.	No. of Leaves taken in the month	
7.	No. of Conferences / Convention attended	
8.	No. of Workshops / CDE programs	
9.	No. of Publication done in the month	
10.	No. of Inspections / As a External examiner in the month	

Name & Signature of Staff Member

MEGHNA INSTITUTE OF DENTAL SCIENCES MALALRAM (V), NIZAMABAD

SELF APPRAISAL FORM FOR THE MONTH OF JANUARY 18

NAME OF THE FACULTY	Dr. K. Amark wath
DESIGNATION	
DEPARTMENT	professor.
	oral & mare; la fa cial swager

	1.	No of Classical	
		No. of Classes taken	- 2 -
	2.	No. of Discussions done	- 8 -
	3.	No. of Cases done	mor - of
		No. of Seminars attended	- Service. 1- Work Shop prosent time
		No. of Cases guided	14
		No. of Leaves taken in the nonth	
7	; 0	lo. of Conferences / Conventions attended	
8.	р	o. of Workshops / CDE rograms	organised BLS work and on 29,30 Jan
9.	th	o. of Publications done in e month	
10.	Ex	o. of Inspections / As a ternal examiner in the onth	
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Name & Signature of Staff Member

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5 MEGHNA INSTITUTE OF DENTAL SCIENCES MALALRAM (V), NIZAMABAD SELF APPRAISAL FORM FOR THE MONTH OF TAKE ARY DR. M. SURESH KOMAR NAME OF THE FACULTY PROFAHOD DESIGNATION OMFS DEPARTMENT 1 No. of Classes taken 1. 8 No. of Discussions done Mainur-5 Mainur-5 Sominur-1 Philook Shop Prosenderlin 2. No. of Cases done 3. ٤ No. of Seminars attended 4. No. of Cases guided H 5. No. of Leaves taken in the. ł 6. month No. of Conferences / Noganized work stroft an Meduced Emergencin & BLS 7. Conventions attended No. of Workshops / CDE 1 8. programs No. of Publications done in 9. the month No. of Inspections / As a 10. External examiner in the month lus An fixed of Name & Signature of Staff Member PRINCIPAL

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MEGHNA INSTITUTE OF DENTAL SCIENCES MALALRAM (V), NIZAMABAD

SELF APPRAISAL FORM FOR THE MONTH OF January

	NAME OF THE FACULTY	Dr. Saidand
-	DESIGNATION	Sr. Lecturer
	DEPARTMENT	oral and maxillofacial surscry.

1.	No. of Classes taken	2
2.	No. of Discussions done	8
3.	No. of Cases done	4
4.	No. of Seminars attended	4- PE WORK Shop Presentations
5.	No. of Cases guided	8
6.	No. of Leaves taken in the month	. —
7. i	No. of Conferences / Conventions attended	-
8.	No. of Workshops / CDE programs	BLS programme.
9.	No. of Publications done in the month	<u> </u>
10.	No. of Inspections / As a External examiner in the month	

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Name & Signature of Staff Member (Dy · Saichard)

MEGHNA INSTITUTE OF DENTAL SCIENCES MALALRAM (V), NIZAMABAD

SELF APPRAISAL FORM	FOR THE MONTH OF JANUALY -2013
DESIGNATION	N. Abhishek Reddy Benior Lecture
DEPARTMENT	Oral a Maxillofacial Surgery

1.	No. of Classes taken	3
2.	No. of Discussions done	8
3.	No. of Cases done	Minor - 4 Casee.
4.	No. of Seminars attended	4-PG WORKShop presentation
5.	No. of Cases guided	10
6.	No. of Leaves taken in the month	2
7. i	No. of Conferences / Conventions attended	
8.	No. of Workshops / CDE programs	Work shop on Basic Libe Support programme lorgan &
9.	No. of Publications done in the month	
10.	No. of Inspections / As a External examiner in the month	

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Name & Signature of Staff Member

Dr. Abhiehor Dattu

Performance Appraisal Form for Non-Teaching Staff 2021-2022

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1	Name of the Faculty
1.	i tune of the faculty

2. Position Title

3. Date of Entry into Service

- 4. No. of Years in Service
- 5. Date of Retirement :
- 6. Qualification
- 7. Details of Current Responsibilities

I. PROFESSIONAL COMPETENCE

S1.		Excellent	Good	Satisfactory	Average	Poor
No.					U	
1	Knowledge of rules, regulation and procedure					
2	Ability to organize work and carry it out					
3	Ability and willingness to take up additional load in times of exigencies					
4	Creativity and innovation					
5	Ability to learn and perform new duties					
6	pacity to supervise* (For Supervising Staff Only)					
7	you possess good knowledge(theory, hands on) for all aspects of the job to performyour job functions satisfactorily?					

II. PERFORMANCE

Sl. No.		Excellent	Good	Satisfactory	Average	Poor
1	Awareness of policies and procedures of the institution?					
2	Maintenance of Files/Records					
3	Accuracy & Speed of work					
4	Neatness & tidiness of work					
5	Completion of work on schedule					

6	Diligence and sense of			
	responsibility			

III. PERSONAL CHARACTERISTICS

Sl. No.		Excellent	Good	Satisfactory	Average	Poor
1	Attendance					
2	Punctuality					
3	Discipline					
4	Integrity and behaviour					

IV. ATTITUDE TOWARDS CO-WORKERS

Sl. No.		Excellent	Good	Satisfactory	Average	Poor
1	Cooperation with your colleagues?					
2	Mutual motivation with your colleagues?					

V. ATTITUDE TOWARDS PUBLIC

Sl. No.		Excellent	Good	Satisfactory	Average	Poor
1	Cooperation to the needs of the public(Parents, Business Associates, Vendors, Well Wishers of the College)?					
3	Rapport with the public when you interact with them?					

VI. STAFF/STUDENT RELATIONS

Sl. No.		Excellent	Good	Satisfactory	Average	Poor
1	Ability to engage, motivate, supervise, and effectively work in the interest of students?					
3	Responsibility towards your tasks/ areas of management assigned to?					

D<u>eclaration</u>

I hereby declare that the information provided is true to the best of

my knowledge.



Place:-

Date:-

Name and Signature of the non teaching staff

Countersigned by the Head of the Institution

