

APPRAISAL CRITERIA

Teaching Staff Appraisal Criteria

1. Teaching Effectiveness

- Student feedback and evaluations
- Innovative teaching methods employed
- Course materials and curriculum development

2. Research Contributions

- Publications in peer-reviewed journals
- Participation in conferences and workshops
- Grants or funding secured for research

3. Professional Development

- Continued education and training
- Participation in professional organizations
- Contribution to academic committees

4. Community Engagement

- Involvement in community service or outreach programs
- Collaboration with industry partners
- Mentorship of students or junior faculty

5. Service to the Institution

- Contribution to university committees and governance
- Participation in faculty meetings and activities
- Engagement in university events and initiatives



Non-Teaching Staff Appraisal Criteria

1. Job Performance

- Quality and accuracy of work
- Ability to meet deadlines and manage time effectively
- Problem-solving and initiative in tasks

2. Interpersonal Skills

- Communication skills with staff, faculty, and students
- Team collaboration and support
- Conflict resolution abilities

3. Professional Development

- Attendance at training and workshops
- Skills enhancement and certifications
- Contribution to improving departmental processes

4. Adaptability and Innovation

- Willingness to embrace change
- Implementation of new ideas or processes
- Feedback and suggestions for improvements

5. Service to the Institution

- Participation in university events and committees
- Contribution to a positive workplace culture
- Support for institutional goals and mission

Implementation Suggestions

- **Frequency:** Conduct appraisals annually or bi-annually.





- **Feedback:** Include self-assessments and peer reviews in the appraisal process.
- **Goal Setting:** Encourage staff to set personal and professional development goals each appraisal period.
- **Recognition:** Develop a recognition program for outstanding contributions.



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SWARNIM STARTUP & INNOVATION UNIVERSITY

AT: Bhoyan Rathod, Nr. IFFCO, Adalaj-Kalol Highway, Gandhinagar

ACADEMIC PERFORMANCE REPORT

For the Academic year:

| Timeline Chartered for Completeness of the Form | | | |
|---|-----------|--------------------|-----------|
| | Narration | Date of Submission | Signature |
| Name of Faculty/ Staff | | | |
| Name of Reporting Manager | | | |
| Name of Reviewing Authority | | | |

PART-A

A. General Information (In Capital Letters)

- (a) Name:
- (b) Date of Birth:
- (c) Residential Address:
- (d) Contact No:
- (e) Designation:
- (f) Department:
- (g) Qualification:
- (h) Area of specialization:
- (i) Date of Joining:
 - (i) In the Institution:
 - (ii) In the Present Post [if promoted]:

B. Academic Excellence

Please attach separate sheet, if required

| | |
|--|-------------------------------------|
| | ACADEMIC WORKLOAD ASSESSMENT |
|--|-------------------------------------|

| Sem./ Year | Class | | Assigned Work Load [HRS] | | | | Actual Work Load [HRS] | | | |
|---------------|---------|------------|--------------------------|---|-----------------------|---|------------------------|---|-------------------------------------|---|
| | | Cour se | Load/ Week | | Planned Load/ Sem. | | Load/ Week | | Additional Lecture Load/ Sem. | |
| | | | L | P | L | P | L | P | L | P |
| Odd | Diploma | | - | - | - | - | - | - | - | - |
| Even | | | - | - | - | - | - | - | - | - |
| Odd | U.G. | | - | - | - | - | - | - | - | - |
| Even | | | - | - | - | - | - | - | - | - |
| Odd | | | - | - | - | - | - | - | - | - |
| Even | | | - | - | - | - | - | - | - | - |
| Odd | | | - | - | - | - | - | - | - | - |
| Even | | | - | - | - | - | - | - | - | - |
| Odd | | | - | - | - | - | - | - | - | - |
| Even | | | - | - | - | - | - | - | - | - |
| Odd | | | - | - | - | - | - | - | - | - |
| Even | | | - | - | - | - | - | - | - | - |
| Odd | | | - | - | - | - | - | - | - | - |
| Even | | | - | - | - | - | - | - | - | - |
| Odd | | | - | - | - | - | - | - | - | - |
| Even | | | - | - | - | - | - | - | - | - |
| Odd | | | | | | | | | | |
| Even | P.G. | | - | - | - | - | - | - | - | - |
| Odd | | | - | - | - | - | - | - | - | - |
| Even | | | - | - | - | - | - | - | - | - |
| Odd | | | - | - | - | - | - | - | - | - |
| | Ph.D | - | - | - | - | - | - | - | - | - |

**L = Lecture

P = Practical**

A. Details of Innovation/Contribution in Teaching during the year [other than routine work]

I. Contribution Towards Curriculum Design: [please specify, if member of BOS]

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| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |

8.

II. Improvements in Teaching methods: [Innovation in Techniques]

Please attach separate sheet, if required

| Sem. | Subject | Innovative Technique Used |
|------|---------|---------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

III. Books/ Chapters/ Journals Publication: (Attach Annexure If applicable)

| Sr. No | Title | Year | ISSN Number | Publisher |
|--------|-------|------|-------------|-----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

*Attach Certificate for each Publication

IV. Research Papers Presented in National/ International Journals:

Please attach certificate of each paper

| Title of a Paper | Name of Journal | Author Details | ISSN No. | Country |
|------------------|-----------------|----------------|----------|---------|
| | | | | |
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V. Remedial Teaching/ Student Counseling:

| Sem. | Subject | No. of Students | Duration In Days |
|------|---------|-----------------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

C. Professional Competences**(a) Activities Organized:**

(Seminars/ Workshops/ Conferences/ Symposia/ Continuing Education Programmes etc...)

| Sr. No. | Title | Duration | Major Sponsors | Level (International/ National) | Place |
|---------|-------|----------|----------------|---------------------------------|-------|
| | | | | | |
| | | | | | |
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(b) Participation

(Seminars/ Workshops/ Conferences/ Symposia/ Continuing Education Programmes, Trainings etc...)

****Outside SSIU Campus****

| Sr. No. | Title | Duration | Institution |
|---------|-------|----------|-------------|
| 1 | | | |
| 2 | | | |

D. Number of Students Guided in previous Academic Year for Projects

| | Semester | Department | Subject | No. of Students |
|----------------|----------|------------|---------|-----------------|
| Diploma | - | - | - | - |
| | - | - | - | - |
| | - | - | - | - |
| U.G. | - | - | - | - |
| | - | - | - | - |
| P.G. | - | - | - | - |
| | - | - | - | - |
| | | | | |

(a) Research/ Sponsored Projects:

| Project Title | External | Position | Sponsor | Date of | Duration | Status |
|---------------|----------|----------|---------|---------|----------|--------|
|---------------|----------|----------|---------|---------|----------|--------|

| | Funds Received | | | Commenc ement | (Years) | (Completed / Ongoing) |
|--|---------------------------|--|--|--------------------------|----------------|----------------------------------|
| | | | | | | |
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(b) Patents taken, if any (Give Brief description):

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(c) Membership of Professional Bodies:

| Organization | Member Since Year |
|---------------------|--------------------------|
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| | |
| | |

E. Extension Work/ Community Service/ CSR

(a) Please give a short account of your contribution to:

| Activity | Period | | No. of Days |
|-----------------|---------------|-----------|--------------------|
| | From | To | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(b) Positions held/Leadership role played at SSIU:

NCC/ NSS/ NSO/ Guidance/ Counseling/ Cultural/ Sports/ HOD/ Dean

| Sr. No | Event | Position | Period |
|---------------|--------------|-----------------|---------------|
| | | | |
| | | | |
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F. Involvement in Startup/ Entrepreneurship:

(a) Mentoring the Academic Activities of Startup/ Entrepreneurship/ Student Startups

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(b) Promotion of Incubation Center

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G. Achievements/ Awards/ Recognition during the year:

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| |

Employee Signature & Date

Declaration:

Above information is true and verified by me based on the data available with me. I will produce the data to higher authority for verification purpose, if asked. In case of any discrepancy I am abide by the rules & regulations of the university.

PART – B

(To be filled by the Reporting Manager)

Name of the Faculty:

Designation:

I. Attitude and Interpersonal Skills (Give ratings on a five point scale with '5' being the best and '1' the poorest) :

| | | |
|-----|--|--|
| 1. | Initiative : a self-starter; able to work without constant supervision | |
| 2. | Responsibility : understands duties; accepts responsibilities readily | |
| 3. | Punctuality: arrives on time. Generally available for students during working hours. | |
| 4. | Commitment : Committed to his/her work | |
| 5. | Loyalty : supports and follows institute's policies and guidelines | |
| 6. | Development : Keeps knowledge up to date | |
| 7. | Oral Communication : speaks effectively with supervisor, colleagues and students | |
| 8. | Written Communication | |
| 9. | Teamwork : effective in a team | |
| 10. | Leadership : gives clear directions and listens to co-workers | |
| 11. | Relationship with fellow faculty and staff | |
| 12. | Maturity | |
| 13. | Temperament | |
| 14. | Relationship with Students | |
| | Total | |

II. Brief comments (by the Reporting Manager)

1. Overall Comments

Outstanding

Very Good

Good

Poor

2. Remarks of Reviewing Officer/ Dean/ HOI

Signature of Dean/ HOI

3. Comments of Director/Principal

Signature