

AGRICULTURAL UNIVERSITY, JODHPUR

Annual Performance Appraisal Report for Scientific Faculty

YEAR: July..... to June.....

I. A. GENERAL INFORMATION

Name	
Father's /Husband Name	
Mother's Name	
Date of Birth	
Designation	
Date of joining of the present post	
Pay Scale	
Present Pay	
Faculty	
Discipline	
Area of Specialization	
Present place of posting with full official address& residential address, & phone No.	
Post held during the year	
Period on Leave Without Pay during the year (P.L./L.W.P.)	

I. B. POSTING DURING THE ASSESSMENT YEAR

Designation	Duty station	Period		Duration	Nature of duty
		From	To		

II. Self –Assessment (to be filled by the teacher reported upon)

Activities and Achievements:

1. Activities approve and accomplished (Please choose which ever is applicable to you):

S. No.	Activities Planned and Targets*	Time Spent** (%)	Achieved *** (%)	Reasons for Shortfall/ Constraints if any
1.	Teaching • •	-	-	-
2.	Research • •			
3.	Extension • •			
4.	Organization of conference/workshops/ seminars/symposia/meetings: • •			
5.	Institutional support (Management and maintenance of genetic / soil/water/animal/ farm/database/ facilities/ intellectual properties, Administration/ Management/ Coordination:			
6.	Other Activities/ Special Assignments (Reports/ Publicity/ Special Assignments within or outside the institute/ ICAR etc.)			

*Give short title or phrase. As proposed by the scientist and approved by the reporting Officer (attach as in Annexure II).

** Total should add up to 100%

*** Extend and also indicate whether achieved within the time frame set for the purpose.

2. Outputs: (For the activities shown above). Please choose whichever is applicable and attach a summary report (about 400 words) on the most significant accomplishments/achievement during the year reported upon (as Annexure).

S. No.	Activity	Contribution (Number)
1.	Teaching/Academic activities: a) Courses designed and taught: •	

	b) Students guided: M.Sc: Ph.D: <ul style="list-style-type: none"> • c) Resource material/ methodology developed: <ul style="list-style-type: none"> • d) Any other - (specify):	
2.	Research Activities: a) Technology generation (varieties /genotypes developed; management practices developed & added in PoP/process/concept/methodology developed b) Any other - (specify)	
3.	Extension Activities: a) Programmes developed and organized b) Resource material developed c) Any other (specify)	
4.	Publications /presentations/ documentation: (i) Papers in NAAS rated <i>Research Journals</i> (National/International) (ii) Books (Authored/edited) (iii) Book chapters/technical bulletins/manuals (iv) Working/concept papers (v) Scientific/teaching reviews (vi) Pamphlet/Folder/leaflet (vii) Popular articles (viii) Presentation in: workshops/ seminars/ symposia/conference (ix) Compilation/documentation (x) Product development (Crop- based; Animal-based, including vaccines; Biological-bio-fertilizer, bio-pesticide, etc. IT based database, software; Any other- specify) (xi) Intellectual property generation	

	(Patents; copyrights; Designs; PPV-registered only) (xii) Any other - (specify)	
5.	<p>Transfer of Technology:</p> <p>a) Technology assessed and refined (OFT)</p> <p>b) Training organized (on, off farm, vocational, youth, farm women & other) as course Director/In-charge/Associate</p> <p>c) Demonstration/exhibition/field day/farmers fair organized</p> <p>d) Design/development of AV aids</p> <p>e) Innovative methodology developed</p> <p>f) Documentation of Success stories</p> <p>g) Demo unit developed individually</p> <p>h) Any other (specify)</p>	
6.	<p>Organization of Workshops/Seminars/Symposia/Conferences:</p> <p>a) Conceptualized and organized</p> <p>b) Served as coordinator convener or co-convener</p> <p>c) Invited as key speaker in scientific meetings (State/National/ International event)</p> <p>d) Any other (Specify)</p>	
7.	<p>Institutional support:</p> <p>a) Member Secretary- RAC/IRC/IMC/PME Cell/IPR Cell/ Technical Cell/HRD Cell/ CPC/QRT etc.</p> <p>b) Editorship- Annual report /Institute publications</p> <p>c) I/c Central facilities</p> <p>d) Any other</p>	
8.	<p>Other Activities/ Special Assignments:</p> <p>a) Special Assignments- National</p> <p>b) Special Assignments- International</p> <p>c) Other general Institutional Activities (Reports /publicity/ special assignment within or outside the Institute/ ICAR etc.)</p>	

	d) Village Adoption Scheme	
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3. Co-curricular activities and administration

S. No.	Particulars	Details
1.	Administration Dept./ Unit: College: University:	
2.	Participation in committees/ bodies as Member/Convener/Chair man	
3.	Co-curricular activities/ sports/ games/cultural activities/ NCC/NSS	
4.	Student welfare/Hostel	
5.	Teachers Welfare Activities	
6.	Any Other	

4. Professional growth and development: Details of programme attended within Indian and abroad.

S. No.	Programme Attended	Institute and Place	Period
1.	Training/ refresher courses/ summer/winter schools		
2.	Seminars/workshops/symposia		
3.	Conferences/meetings		

5. Peer Recognition (attach separate sheet for details):

S. No.	Activity	Number
1.	Awards/ fellowships received (National/International; Institutional/Professional Societies; Best Paper/Poster; Any other- specify)	
2.	Professional Societies (Membership; editorship for journals; any other- specify)	
3.	Review of papers/ reports/ proposals as referee	
4.	Any other - (specify)	

6. Resource Generation*

S. No.	Activity	Number	Duration
1.	Contract Research		
2.	State/National/International Projects		
3.	Commercialization of Technology		
4.	Summer/Winter Schools		
5.	Any other - (specify)		

*in terms of Rupees

7. Accomplishment of exceptional work/ unforeseen tasks performed (specify):

8. State brief assessment of your performance indicating

a) Difficulties faced/if any:

b) Suggestions for improvement/if any:

Place and Date:

Signature of Teacher/Scientist/SMS reported upon

Name:

Designation:

III. OVERALL EVALUATION BY REPORTING OFFICER

(A). Verification of factual data by reporting officer:

- i. General information –

- ii. Teaching /Research /Extension contributions –

- iii. Major strength of Teacher/Scientist–

- iv. Details of innovations in teaching/Research/Extension–

- v. Improvement of professional competence/suggested area of training/skill up-gradation –

vi. Participation in corporate life –

To the best of my knowledge nothing has come to light which causes doubts of the person

or

Following evidences has come to knowledge which causes doubts about the integrity of the reporting officer/specialist:

- a.
- b.

(B). Any Departmental Enquiry held/ Memo issued/punishment imposed (furnish details):

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(C). Assessment by reporting officer

(i) Grading (Outstanding: 10, Very Good: 8, Good: 6, Satisfactory: 4, Poor: 2)

S.N.	Particulars	10	8	6	4	2
1.	Punctuality					
2.	Sincerity					
3.	Initiative					
4.	Innovativeness					
5.	Behavior with Colleagues					
6.	Zeal to acquire knowledge					
7.	Acceptance of new responsibilities					
8.	Scientific contribution /Professional Contribution					
9.	Decision making ability					
10.	Communication Skills (Written and oral)					
Total						

Grand total:

IV. Overall Grading:

It is average of above table and to be calculated by totaling of all, then divide by 10; thereafter, grade as per outcome (Outstanding: 9.51-10, Very Good: 9.5- 8.0, Good: 7.99-6.0, Satisfactory: 5.99-4.0, Poor: 3.99 - 2.0 or less)

Overall Grading	Outstanding	Very good	Good	Satisfactory	Poor
Tick mark (✓) in the appropriate column with initial.					

V. Please comment on the integrity of the Scientist by circling/ one of the following options

- Beyond doubt
- Nothing adverse heard against
- Doubtful

Signature of Reporting Officer

Name in Block Letters_____

Designation_____

Reporting Period: From_____ To_____

VI. REMARKS OF THE REVIEWING AUTHORITY

1. Do you agree with the assessment of the teacher/scientist given by the reporting authority
 (In case of disagreement, please specify the reasons)
 (Is there anything you wish to modify or add?)

YES

NO

If No, please grade the officer:-

Overall Grading	Outstanding	Very good	Good	Satisfactory	Poor

Place:_____

Date:_____

SIGNATURE OF REVIEWING AUTHORITY

 (Name in Block Letters)

 (Designation)

Reporting period: From_____ To_____

VII. REMARKS OF THE ACCEPTING AUTHORITY

(i.e. next superior authority)

Date: ___/___/___

Place: _____

Name: _____

Designation: _____

सम्पति विवरण प्रपत्र

वर्ष(1 जनवरी.....को) के लिये प्रथम नियुक्ति के समय की स्थावर सम्पति का विवरण

1. अधिकारी का पूरानाम तथा सेवा जिससे वह सम्बन्धित है
2. वर्तमान धारित पद.....3. किस केडर (संवर्ग) से है.....
4. वर्तमान वेतन.....

उप जिला, उपखण्ड, तहसील तथा गाँव का नाम जिसमें सम्पति स्थित है	सम्पतियों का नाम तथा विवरण	वर्तमान मूल्य	यदि स्वयं के नाम में नहीं है, तो बताये कि यह किसके नाम से धारित है तथा उस सदस्य के साथ उसका (आपका) सम्बन्ध क्या है?	कैसे अर्जित की, यदि क्रम पट्टे द्वारा या बन्धक, उत्तराधिकार, दान या अन्यथा रूप से अर्जित की गई हो तो अर्जन की तारीख तथा नाम, साथ ही उस व्यक्ति / व्यक्तियों का विवरण जिससे अर्जित की हैं।	सम्पति में वार्षिक आय	अभ्युक्तियों
	आवासीय तथा अन्य भवन	भूमि				

नोट – अनिवार्य रूप से सभी द्वारा भरा जावे।

हस्ताक्षर.....

दिनांक.....