

**FORM FOR THE ANNUAL CONFIDENTIAL REPORT OF STAFF UNDER
TECHNICAL EDUCATION DEPARTMENT (FOR HEAD OF DEPARTMENTS/
TPO's/ SR. LECTURERS/ LECTURERS/ WORKSHOP SUPERINTENDENTS/
WORKSHOP INSTRUCTORS)**

Academic Session _____

Period From _____ To _____

Part-I

(TO BE FILLED BY THE PRINCIPAL'S OFFICE)

1	Name of Teacher	
2	Email Address	
3	(a) Present Post/ Designation	
	(b) Name and place of Institution	
4	For the officers/ officials promoted/ reverted during period under report:	
	<u>Worked as :</u> (i) _____ From _____ to _____ (ii) _____ From _____ to _____	
5	Cadre	
6	Scale of Pay	
7	Present Pay and Emoluments	
8	Name & Designation of the Sectional Head (Reporting Officer) with place of posting	
9	Name and Designation of Head of Institution (Recommending Officer) with place of posting	
10	Name and Designation of the Head of Department (Accepting Authority) with place of posting	

**(Signature of Principal)
Name in Capital letters**

Part –II
TO BE FILLED IN BY THE TEACHER/ TECHNICAL SUPPORTING STAFF
MEMBERS DURING THE YEAR OF REPORTING

Year	Sem.	Subjects Taught	Teaching Load	Exam Result			Remarks of reporting officer
				Total No. of Regular students	Pass	Pass %	
1 st Year	I						
	II						
2 nd Year	III						
	IV						
3 rd Year	V						
	VI						
	VII						
Total Teaching Periods			Independent	Attachment			
(i) in odd semesters							
(ii) in even semesters							

Signature of Teacher
Name in Block letters
Designation
Institution
Place
Date

Signature of Reporting Officer
Name in Block Letter
Designation
Institution
Place
Date

Part-III

A

1.	Health & Personality	
2.	Punctuality & Regularity	
3.	Initiative and Drive	
4.	Sense of Responsibility	
5.	(a) Proficiency in teaching (b) Proficiency in Admission/ Examination work (c) Capability of Handling any other work assigned to him	
6.	Behaviour towards seniors/ superiors	
7.	Attitude towards students	
8.	Intelligence	
9.	Temperament and manners	
10.	Willingness to work & Seriousness to duty	
11.	Reliability and Dependability	
12.	Whether the officer/ official remains present at the H.Q. after working hours and on Holidays or not	
13.	Whether possesses knowledge of Information Technology and whether he uses/ applies this Technique for official work	
14.	Attitude towards SC/ST and other communities	
15.	Shortcomings, pointed out, if any and Improvement shown thereon.	
16.	General remarks, if any	
17.	Overall Assessment i.e. grading taking into account the performance of all activities in part II and III	

Signature of Reporting Officer

Name in Block Letters

Designation:

Institution

Place:

B.Extra Curricular Activities

Sr No	Activities	Report by the teacher	Remarks of the Reporting Officer	Remarks of the Recommending Officer
(i)	Specify the additional duties assigned and salient improvement that have been brought while discharging duties			
(ii)	Specific contribution to maintain discipline in the Institute.			
(iii)	Contribution in guiding and counseling the students and others (in their overall development and placement)			
(iv)	Contribution towards any other activity not covered			

Signature of Teacher

Signature of Reporting
Officer (Name in Block
Letters

Signature of
Reviewing Officer

Note: Use separate paper if sufficient space is not available

C.ACADEMIC ACTIVITIES

Sr_ No	Activities	Report by the Teacher	Remarks by the Reporting Authority	Remarks by the Recommending Authority
(i)	STC and other Training Programs attended (give details and how that training was applied towards improving the training of students)			
(ii)	Participation in W/shop and seminars (give details) and your specific contribution			
(iii)	Details of additional qualification attained			
(iv)	Improvement brought out in teaching learning process by development and use of learning resources. Specify the teaching aids developed/ used			
(v)	Steps taken for strengthening and improving the practical work including maintenance of Machinery and Equipment. Efforts made to remove obsolescence from labs % age of equipment remained in disorder condition			
(vi)	Contribution toward Industry Institute Interaction (Industrial visits, placement of students, consultancy			

Sr_ No	Activities	Report by the Teacher	Remarks by the Reporting Authority	Remarks by the Recommending Authority
	etc.)			
(vii)	Contribution of teachers to Examination work			
	a) Total No. of days/ shifts the examination duty performed			
	In November/ December Exams			
	In May/ June Exams			
	In case no exam duty performed, give reasons			
	b) No. of UMC cases reported by the teacher in examination center.			
	c) No. of cases detected by Flying/ Supdt. Exam./ Dy. Supdt or others in his room/ row of Examination Hall			
(viii)	Contribution to Institute Magazine, other journals or any publication work.			
(ix)	Contribution towards motivating the students to use Library, Resource material			

Sr_ No	Activities	Report by the Teacher	Remarks by the Reporting Authority	Remarks by the Recommending Authority
(x)	Contribution to Curriculum Development and instructional material including practical, Laboratory/ Manuals Contribution to Revenue Generation			
(xi)	Contribution of teacher for Personality Development Programme of students			
(xii)	Any other contribution/ attainment not covered above (research study, students evaluation, projects etc.)			

Note : Use separate paper if sufficient space is not available

PART – IV

(Report of the Head of Institution)

The Head of Institution should record his/ her assessment on the above and the personal appraisal of the teacher and his work including results, academic and extra curricular activities.

Adverse remarks of a substantive nature should be recorded only after the officer/ official reported on has been verbally or in writing and has shown no effect of improvement.

1. Integrity

- (i) Nothing has come to my knowledge which cause any reflection on the integrity of Sh/ Ms _____.
- (ii) The following facts have come to my knowledge which cast a doubt upon officer's integrity.
- (iii) The following circumstances have come to notice which amount to a more vague allegation and susceptible of formal proof but still create doubt or suspicion.

2 Special remarks, if any

- 3 Overall assessment _____
(Excellent, Outstanding, _____
Very Good, Good, Average _____
Below Average) _____

Signature
Name and designation of The Head of Institutions
(Reviewing officer)

Signature
Name and Designation of
Head of Department (Accepting Authority)