**MONTHLY SELF APPRAISAL REPORT OF THE FACULTY MEMBERS, C.K.B College, Teok.**

**Month Year Date of submission:**

**Department:**

**Name & Designation:**

**Number of working days: Number of teaching days:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic Profile** | 01 | Number of Classes Taken in H.S 1st Year |  |
| 02 | Number of Classes Taken in H.S 2nd Year |  |
| 03 | Number of Classes Taken in B.A 1st Semester |  |
| 04 | Number of Classes Taken in B.A 2nd Semester |  |
| 05 | Number of Classes Taken in B.A 3rd Semester |  |
| 06 | Number of Classes Taken in B.A 4th Semester |  |
| 07 | Number of Classes Taken in B.A 4th Semester |  |
| 08 | Number of Classes Taken in B.A 5th Semester |  |
| 09 | Number of Classes Taken in B.A 6th Semester |  |
| 10 | **Total** |  |
| 11 | No. of classes where students were not found | H.S 1st yr. | H.S 2nd yr. | 1st Sem | 2nd Sem | 3rd Sem | 4th Sem | 5th Sem | 6th Sem |
|  |  |  |  |  |  |  |  |  |
| 12 | Number of Seminar /workshop attended(supporting document to be Attached)1. with Paper
2. without Paper
 |  |
| 13 | Number of RC/OC attended(supporting document to be attached) |  |
| 14 | Whether any Examination Duty performed during the month(if yes indicate the nature) |  |
| Total shifts | Whether worked as AOC | Whether evaluated answer scripts(Mention the Exam) | Performed as ExternalOfficer mention the Exam) | Setting of question paper(Specify) |
|  |  |  |  |  |
| 15 | Number of ICT classes conducted during the month |  |
| 16 | Number of class test taken during the month |  |
| 17 | Time spent in the central library during the month(total hour) |  |
| 18 | Any other academic activities performed during the month | Use separate sheet |
|  |
| **Research Profile** | Nature of research work done during the month including publication if any (Supporting document are to be attached) |
| **Co-curricular****Profile** | Any co curricular activities performed during the month(Use separate sheet and attach supporting document) |
|  | **No. of leave availed during the month** |
| **Leave Profile** |  | Casual Leave | Duty leave | Special leave | Earned leave | Maternity leave | Any otherLeave (specify) |
|  |  |  |  |  |  |
|  **Social Responsibility Profile** |  | Whether Any Philanthropist activities performed during the month( Use Separate Sheet) |
| **Accountability Profile** |  | Whether present for mandatory hours regularly in the college, if not mention the reason(s) Use separate sheet |
| **Declaration:** Signature Incumbent | The above information provided by me are true to the best of my knowledge and belief and I am liable to for any wrong information.  Accepted/Rejected Coordinator, IQAC Signature of Principal  |

**N. B.** 1. Incomplete Report will not be accepted

2. Only type copy of attached document will be considered.

 3. Report must be submitted to the office of the IQAC within 1st week of every month.

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