

**PERFORMA FOR ANNUAL SELF ASSESSMENT
(FOR THE TEACHERS OF UCMS AND VPCI)**

For consideration for Promotion of Senior Lecturer/ Reader's Grade, Reader, under the MPS - 1987/ 1998

Period of Assessment (Year/ Semester) From _____ To _____

A General Information

1. Name _____
Assessment
2. Department _____
3. Date of Birth _____
4. Pay Scale _____
5. Designation _____
6. Present Basic Pay _____
7. Date of Appointment _____
 - i) In the teaching profession
(Affiliated College/ University) _____
 - ii) In the Institution _____
 - iii) In the present post _____
8. Teaching Experience

Name of the Institution	Designation with pay scale	Nature of post permanent/ Temporary	Classess taught	Period		Total Experience Yrs. Months
				From	To	

B Teaching and Related Academic Activity

- i) M.B.B.S./ P.G. Classes

Class	Course Taught	Period per week		
		Lecturers/ Seminars	Tutorials	Practicals/ Bed Side teaching

M.B.B.S.

Ist Year
 II nd Year
 IIIrd Year
 IVth Year
 Vth Year
 (Final)

Post Graduation

Ist Year
 II nd Year
 IIIrd Year

Note:- Please use separate sheet wherever the space provided is inadequate

- ii) Information about engagements or classes for each course (in each professional)

Class	Total periods engaged			Levels of regularity to meet the classes alloted(please indicate the grading) (a) 90% to 100% (b) 80% to 90% (c) 70% to 80% or (d) below 70%	Step taken for the compen- sation of teaching loss, if any
	Lect.	Tut.	Pract.		

M.B.B.S.

Pre-Clinical
 Para-Clinical
 Clinical

Post Graduation

Ist Year
 II nd Year
 IIIrd Year

- iii) **Medical Education Programme**
 (a) Innovation for Medical Technology
 (b) Audio-Visual Cassettes prepared
 (c) Participation in Medical Education Activites

- iv) Organization of co-curricular activities-cultural and Extra-curricular activity

2 Publications :

Details of research papers published, accepted for publication, books, monographs, reviews, reports (WHO, UNICEF or others); Abstracts; Chapter(s) in books, translations Creative writing; innovation in curriculum etc. during the year/ Professional (Please enclose separate list of work published specifying the indexed and non-indexed journals)

3 Continuing Medical Education Programme :

- (a) Participation in conferences, Seminars, Workshops during the year/ Professional.
- (b) Details of papers presented and position held (e.g. Resources Person, Director/ Chair Person/ Co-Chair Person)
- (c) Participation in summer Institutes/ Updates/ reorientation courses during the Year/ Professional

4 Any other information regarding academic activities not covered by above

C Upgrading of Academics/ Skills

i) **Academic**

Please give details of qualifications acquired during appointment at the Institution:

Degree/ Diploma	University	Year	Topic of Dissertation
-----------------	------------	------	-----------------------

M.Sc.

Ph.D

D.Sc.

D.M.

M.Ch.

Any other

-
- NOTE :**
- 1. Please give details of Thesis if published
 - 2. Skill :
(Please give short description of the new skills attained)
 - 3. Awards and Recognitions, if any (give details) :

4. Membership or Fellowship of Professional/ Academic Bodies/ Societies etc. (Please give details)

5. Research :

(a) Resarch Project (s)

i) in hand,

ii) completed

(Please give their details including whether involved as Chief Investigator or co-investigator; Mention the degree of financial support for the research with the name of the funding agency.)

(b) Supervision of students engaged in research/ project.

(c) Action research with or without students participation.

(d) Details of research guidance/ professional consultancy, if any.

D Participation in Examinations (Colleges/ Universities)

(Please give a short description)

E Community Service :

(Please give short account of your contribution to Community work such as National Service Scheme/ Family Welfare Scheme/ Rural Health Schemes/ others, if any.

F Administration :

(Please give a short note of your contribution to)

(a) Administration of the University/ College & Hospital Departments.

(b) Students Welfare and Discipline.

(c) Decision making and advisory bodies of the College/ University.

G General :

(a) Contribution the teacher wanted to make towards Research and Patient Care but failed to do so due to certain handicaps (Please give reason).

(b) Suggestions for improvements with regards to (a) above

I certify that the information given above is correct and factual to the best of my knowledge.

SIGNATURE OF THE TEACHER

NAME _____

DEPARTMENT/ SECTION _____

Dated : _____

RECOMMENDATION OF THE HEAD OF THE DEPARTMENT