DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES
BENGALURU

PERFORMANCE APPRAISAL FOR TEACHING FACULTY

DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES
SHAVIGE MALLESWARA HILLS, KUMARASWAMY LAYOUT,
BANGALORE - 560 078.

Date: 6-12-2024

APPLICATION FOR INCREMENT RELEASE / PROMOTION

1.	Name of the Applicant	Dr. PRATWAL PRABHU.
2.	Qualification	MDS.
3.	Year of Passing B.D.S & M.D.S with month	BDS - 2017 MDS - 2021
4.	Date of joining this Institution	17/06/2022.
5.	Last increment drawn in month & Year	August, 2024
6.	Full time / Part time	Full time
7.	Papers presented in conference with proof	
8.	Publication in reputed Dental Journals (with proof)	03- Publications 01- Books.
9.	Any Examiner ship which the candidate has to his /her credit conducted at other Universities	—
10.	Oral Health Programme conducted / participated	National train program for craniofacial orthodontics.
11.	Additional certified courses taken	Invisalign Certification Program / Scientific writing / Ethics train / BCBR-23
12.	Extra curricular activities in the college	Actively participate in Sports & cultural Activities.
13.	Any other Special skills acquired in relevant to the profession	Implant workshop - 2024.
14.	Involvement in organizing Conferences / Workshops & CDE Programme	Co-Organizing Secretary / National Cleft train program for Craniofacial orthodontics.

FOR OFFICE PURPOSE ONLY
DETAILS ABOUT THE CANDIDATE

1.	Punctuality of the candidate	Punctual
2.	Devotion towards teaching	Good
3.	Subject knowledge	Good
4.	Opinion of the students about the teachers concerned	Good
5.	Loyalty towards Institution	Loyal
6.	Whether the candidate has taken leave without pay	— No —
7.	Discipline of the teacher in the clinical environment	Good
8.	Relationship with the colleagues	Good
9.	Modality of teaching with audiovisual aids	Good
10.	Conduct of the candidate	Good
11.	Initiative & involvement shown in bringing about improvement in the department	Good
12.	Efficiency	Average [ ] Good [ ] Excellent [ ]
13.	Recommendation of head of the department whether the candidates deserves the increment / promotion or not	Recommended
14.	Remarks with signature of HOD	PRINCIPAL Dayananda Sagar College of Dental Sciences Kumaraswamy Layout, Bangalore - 560 078.

Recommendations of the head of the Institution:

Signature of the Principal

PRINCIPAL
Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout

Chairman's Remarks & Signature

Form no. DSI/HR/01 2

DAYANANDA SAGAR INSTITUTIONS
HUMAN RESOURCE DIVISION

EVALUATION FORM (Confidential)
(Format – 2)

NAME : Dr. Rajwal. P
DEPARTMENT : Orthodontics
DESIGNATION : Sr. Lecturer
COLLEGE : DSCDS

Following is the scale for performance evaluation.

5 being the highest and 1 being the lowest. Please tick the boxes appropriately

Sl. No.	SKILLS	RATING				
	Points	1	2	3	4	5
	Grade	Poor	Satisfactory	Good	Very Good	Excellent
1	Communicating Skill and co-ordinating efficiency in the department.				✓	
2	Organisational and leadership skills.				✓	
3	Meets deadlines i.e. portions in the subject are taught as per time schedule, follows a lesson plan.				✓	
4	Takes initiative in Departmental work, Examination Duty / Invigilation like compliance reports preparation etc.				✓	
5	Question paper setting techniques.				✓	
6	Evaluation of tests and assignments are on regular basis.				✓	
7	Additional classes / efforts taken for poor performers.				✓	
8	Presentation skills.				✓	
9	Punctuality and discipline				✓	
10	Overall rating.				✓	
	TOTAL				40	
	GRAND TOTAL (Horizontal addition of total)				40	

Comments & Recommendations of HOD :
He is sincere in his academic assignments. He is good Co-ordinator, teacher and has organisational skills

Signature of HOD

Recommendation by Principal / Head of the Institution :
Recommended.

PRINCIPAL
Dayananda Sagar College of Dental Sciences
Kumaraswamy Layout,
Bangalore - 560 078.

Signature of Principal / Head of Institution
Date :

RECOMMENDATION FORM (Confidential)

Form no. DSI/HR/012

DAYANANDA SAGAR INSTITUTIONS
HUMAN RESOURCE DIVISION

SELF APPRAISAL FORM
(Format – 1)

NAME : Dr. PRAJWAL P. DESIGNATION : Senior lecturer
DEPARTMENT : ORTHODONTICS. COLLEGE : DSCDS

Self Appraisal by _____ for the year 2013-2014.

1. **Results analysis of the subjects taught by the faculty / U.G. & P.G. :**

Semester No.	Subjects Title & Code	No. of Students						
		In the class	Appeared for exam	Passed the exam	Distinction	First class	Second class	Pass class
ODD		9	7	7				
EVEN		34	34	34	12	4	18	
TOTAL								

2. **Beyond The Curriculum Activities (In the current academic Year) :**

Sl. No.	Tasks	Internal (Nos.)	State / National (Nos.)	International (Nos.)
1	Papers presented at Conferences / Seminars			
2	Papers published in the journals			2
3	Conducted workshops (Provide details)			3
4	Consultancy offered (Provide details)			
5	Research / Research Projects, Developmental work (Provide details)		2	
6.	Books published (Provide details)			1
7.	Projects Guided (Provide details)			3.
8.	Any other activity (Provide details)			

3. **Goals / Tasks for the period** Dt. _____ to _____ **Date :**

* Goals / Tasks set	Goals / Tasks achieved	Percentage achieved	If not achieved, reasons for not achieving
M.Orth. Abroad fellowships.			

Please mention the area / topic you would like to be trained to become more knowledgeable / effective in improving the Quality of deliverables.

-Enclosed -

*If space is not enough, please attach a separate sheets to record Task Performed.

Signature of Appraisee

Signature of HOD

Dayananda Sagar College Of Dental Sciences

Shavige Malleshwara hills, Kumaraswamy layout
Bengaluru- 560111

APPRAISAL FORM FOR NON TEACHING STAFF - YEAR – 2023

DETAILS ABOUT THE CANDIDATE

CANDIDATE NAME : MANASA M B

1.	Punctuality	Good
2.	Dedication and loyalty towards institution	Loyal
3.	Leave without pay	– No –
4.	Relationship with students, colleagues, teaching faculty and patient	Good
5.	Conduct of candidate	Good
6.	Efficiency	Average [ ] Good [ ] Excellent [ ]
7.	Recommendation by HOD – whether candidate is recommended for increment	Recommended for Increment
8.	Signature of HOD	
9.	Recommendation of head of institution	Recommended

Signature of the Principal

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