



Banda University of Agriculture & Technology, Banda

**Annual Assessment Report for
Teaching Faculties of the BUAT, Banda**

Banda University of Agriculture & Technology, Banda

Annual Assessment Report for Teaching Faculties

Report for the year/ period ending

PART -I General Particulars (to be filled in by the Teaching faculty reported upon & to be verified by Administrative Office):

- 1- Name of the Teacher:
- 2- Date of birth:
- 3- Date of entry in the Banda University of Agriculture & Technology, Banda service:
- 4- Present Designation, pay level, duration and place of posting during the year :
- 5- Date of Joining in the Present pay level:
6. Department / College/ Station:
7.

Nature of Duties (Teaching, Research, Extension)	Major	Minor
--	-------	-------
8. Period on leave during the year (except casual leave)
9. Address for Correspondence (with pin code)
10. Permanent Address for Correspondence (with pin code)
11. Mobile No.
12. E-mail
13. Academic Qualification acquired during the year reported upon (In case no academic qualification has been acquired, the highest degree alongwith specialisation need be given):

Degree/Diploma/Certificate	Year	Subject(s)	Specialisation

Part-II: Performance Assessment

(to be filled in by the Teacher reported upon)

SECTION A1: TEACHING, LEARNING, EVALUATION RELATED ACTIVITIES

1. Teaching Activity (Details of Lectures, Tutorials, Practical and other teaching related activities)

S.N.	Academic Session/Semester	Name of Course/paper	Level (UG/PG/Ph.D)	Teaching Mode	Lectures/Tutorials/ Practicals/ Other related activities		% of Assigned Classes Taught
					Class Assigned	Class Taught	
Overall percentage							

SECTION A.2:**ADMINISTRATIVE SUPPORT, STUDENT RELATED CO-CURRICULAR AND ACADEMICS RELATED ACTIVITIES**

- (a) Administrative responsibilities such as Head, Chairperson/ Dean/ Director/ Co-ordinator, Warden, In-charge/Nodal Officer etc.

S.No.	Nature of Activity	Designation	University/ College/ Department	Duration	
				From	To

- (b) Examination and evaluation duties assigned by the university or attending the examination paper evaluation/ question-papers setting for university/college examinations.

S.No.	Nature of Activity	Designation	Name of University/Institute

- (c) Student related co-curricular, extension and field based activities such as student clubs, career counseling, study visits, student seminars and other events, cultural, sports, NCC, NSS and community services etc.

S.No.	Name/ Nature of Activity	Designation	Duration	
			From	To

- (d) Organizing training/ summer school/ winter school/ seminars/ conferences/ workshops/ training, other college/university activities.

S.No.	Nature of Activity	Name of Activity	Designation	Venue	Duration	
					From	To

- (e) Attended training/ summer school/ winter school/ seminars/ conferences/ workshops/ training, other college/university activities.

S.No.	Nature of Activity	Name of Activity	Designation	Venue	Duration	
					From	To

SECTION A.3: Professional Accomplishments

1. Published Research/Review Papers in Referred/Peer-Reviewed or UGC-listed Journals:

S.No.	Title of the paper	Journal Name	Year	Volume & Page no./DOI	ISSN No.	*NAAS rating/Impact factor	**Authorship

2. Publications (other than Research paper such as Manual, Popular article, Book, Book chapter, Booklet, Abstract, Leaflets etc.)

S.No.	Title	Name of Author & Date of Publication	Publication ID/ ISBN No
1			
2			

3. Creation of ICT mediated Teaching Learning pedagogy and content and development of new and innovative courses and curricula (MOOCs, E-Content as complete course, e-book, lecture etc.)

S.No.	Details of activity	Course	Subject	Date of Publication	Contribution
1					
2					

4. Research guidance (PG/Ph.D.)

S. No.	Name of Students	Student ID	Degree Programme	Year of Degree awarded	As Major guide/Co-guide/Member

5. Research/Developmental/ In-house Projects Completed/ ongoing

S. No.	Title of the project	Status (Completed/ ongoing)	Status of PI*	Name of Sponsoring/ Funding Agency	Period (from – to)	Duration (in months)	Total Grant/ Funding received (Rs.)

*Indicate, whether you are Sole PI/ PI/ Co-PI or equivalent in the project

6. Special Attainments (Innovations - Technology development, Variety released, Patent, Prototype, Concept, Methodology, process, genetic stock etc.)

Category	Title	Year	Individual/ Collaborative	Details

7. Policy Document (Submitted to an International body/organization like UNO/ UNESCO/ World Bank/ International Monetary Fund etc. or Central Government or State Government or University)

S. No.	Title	Area/ Subject	Date of Publication/ Submission	Level (International/National/ State)	Reference No.	Sponsoring Agency

8. Awards/Fellowships/Recognition

Sl. No.	Name of Awarding Body	Name of the Award/ Fellowship/Honour	Date	International/National/ State/University	Awarding Organization

9. Invited lectures/Resource Person/paper presentation in Seminars/Conferences/full paper in Conference Proceeding

Sl. No.	Title of the Invited Lecture delivered/Paper presented	Details of Conference/ Seminar/FDP and Organizing Institution	Date/ Duration	Category (International (abroad)/ International (within country)/National/State/ University)	Please select Invited Talk/Paper Presented

10. Membership/Fellowship of Learned bodies / Societies:

11. Literary. cultural or other activities (e.g. attainment in sports etc.) in which the applicant is interested and distinctions obtained:

12. Outstanding achievement made during the year (only landmark contribution shall be counted for assessment)

SECTION A.4: Extension Activities

1. Popularization/Innovation of New Technologies

Title of Technology	Method adopted	Impact assessment	Individual/Collaborative

2. Farmers/ Extension workers training programme organized

Name of Training Course Programme	Duration	No. of beneficiaries	Coordinator/ Associated

3. Field demonstration / adoptive research conducted

Name of Programme	Duration	Topic	Coordinator/ Associated

4. Kisan Mela organized / participated

Nature (organized / participated)	Duration

5. Radio Talk / TV talks (Specify Date, topic and place)

6. Miscellaneous information, if any

Signature

Name:

Designation:

Please specify Reasons for shortfall/ constraints with evidence, if any as per particulars mentioned in Section A1 to A4.

Part –III

Assessment by the Reporting Officer

3.1 Please make an objective comment on Part 2 from A1 to A4, as well as on the detailed report made by the Teacher reported upon. While commenting, please take due note of the shortfalls/ constraints mentioned by the Teacher.

3.2 Assessment of Significant Achievements

Circle the appropriate number

S. N.	Details of Achievements	Grading (Please Tick)			
		Outstanding	Very Good	Good	Poor
1	Teaching Contribution				
2	Research & Extension Contribution				
3	Decision making ability				
4	Promptness in disposal of work				
5	Inter-personal relationships and team work				
6	Aptitude and potential for general administration				
7	Leadership				

The grading to be provided on the aforementioned basis will fall in one of the following categories:

S.N.	Grading criteria	Grade	Grade Assigned (Please Tick)
i.	Outstanding in 5 or above of Sl. No. 1-7 & not below very good in remaining.	Outstanding	
ii.	Not included in S.N. (i), Very Good or Outstanding in 5 or above of Sl. No. 1-7 & not below good in remaining.	Very Good	
iii.	Not included in S.N. (i) & (ii) above, any of the particulars (S.N. 1-7) shall not be below Good grade	Good	
iv.	Not included in S.N. (i), (ii) & (iii) above	Poor	

3.3 General Assessment

1/4i1/2 Please comment on the State of Health

(ii) Please comment on the Integrity of the Employee by circling one of the following options

Beyond doubt

Nothing adverse heard against

Doubtful

(Instructions of Government to be followed in case of adverse remarks)

Signature of the Reporting Officer

Name (IN BLOCK LETTERS) _____

Designation _____

Place & Date

PART - IV - Remarks of the Reviewing Officer

- 1- Length of Service under the Reviewing Officer

- 2- Do you agree with the comments made by the Reporting Officer in 3.1? Is there anything you would wish to modify?

- 3- Do you agree with the assessment of the Reporting Officer in 3.2? Is there anything you would wish to modify? Please give reasons.

- 4- Do you agree with the assessment made by the Reporting Officer in 3.3 - (ii) relating to integrity? Is there anything you would wish to modify? Please give reasons.

- 5- Do you agree with the overall grading made by the Reporting Officer? (Please circle).

Yes

No

If NO, please grade the Officer:

Outstanding/ Very Good/ Good/ Poor

Signature of the Reviewing Officer

NAME : _____

DESIGNATION : _____

Place & Date

PART - V- Remarks of the Accepting Authority

Do you agree with the overall grading made by the Reviewing Officer? (Please circle).

Yes

No

If NO, please grade:

Outstanding/ Very Good/ Good/ Poor

Signature of the Accepting Authority

NAME : _____

DESIGNATION : _____

Place & Date