

STAFF SELF APPRAISAL FORM 2023 - 24

Part A

Name of the Faculty		Dr. Gul Afza Khanum.
Department		ORHC
Designation		Asst. professor
Age		29 yrs
Date of birth		21/01/1995
Gender		Female
Marital status		Married.
Indicate whether belongs to General/SC/ST/OBC/Minority		OBC
Address for correspondence (with pin code)	Permanent	#38/3 Post street near Hanuman Temple, Shikaripura.
	Temporary	Midegatta 2nd cross, right side Near Gousiya Masjid, Shikaripura.
Mobile no.		7892770867
Email.id		afzakhanum1995@gmail.com
Total years of Teaching Experience	UG	
	PG	2 years 5 months 24 days

EDUCATION & ACADEMIC BACKGROUND

Qualification	College & university	Year	Registration no. Of ug & pg with date	Name of the state council
Under graduation	Shreevaris Dental College & Hospital.	June 2016	41509 A 24/02/2023	KSDC
Post-graduation	BDCU.	July 2021	41509 A 24/02/2023	KSDC
Additional qualification				



SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, Purle, SHIVAMOGGA-577222

TEACHING EXPERIENCE

Position	Name of the Institute	From DD/MM/YY	To DD/MM/YY	Total experience in years & months
Lecturer/Assistant Professor	Subbaiah Institute of Dental Sciences	2/5/22	Till date	2 years 5 months 24 days
Reader				
Professor				
Professor & Head				
Principal				

PART B

ACADEMIC CONTRIBUTIONS

Sl.no	Title	If yes please tick(✓) & provide necessary documents
1	Publication of research papers	<input checked="" type="checkbox"/>
2	Publication of books/chapter	<input type="checkbox"/>
3	Ongoing or completed research projects	<input type="checkbox"/>
4	Guiding UG/PG – ongoing or completed research projects	<input type="checkbox"/>
5	Paper/poster presentations at any conference/conventions	<input type="checkbox"/>
6	Training courses, teaching learning evaluation technology program, faculty development program	<input type="checkbox"/>
7	Invited lectures & chairmanships at state, national or international conference/seminar/CDE etc.	<input type="checkbox"/>
8	Conferences/conventions/seminars, CDE, etc. Attended	<input type="checkbox"/>

Sl.no	ANY OTHER EXTRAORDINARY WORK DONE	DETAILS (PROVIDE NECESSARY DOCUMENTS)
1	Patent if any	
2	Contribution/work done to improve dental education	
3	Participation in affiliated university activities	
4	Participation in dcj activity	
5	Membership of professional bodies/organizations (with positions held, if any)	
6	Would you like to mention anything else	
7	Significant/noteworthy about yourself:	



SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, Purle, SHIVAMOGGA-577222

Are you satisfied with your work (on a scale of 1 to 5)	1	2	3	4	5
			.	✓	

Signature of the faculty

Date: 15-04-2024

OBSERVATION OF THE HEAD OF THE DEPARTMENT

Sl.n	Observation	Excellent	Good	Average	Remarks
1	Punctuality		✓		
2	Obedience		✓		
3	Communication skills		✓		
4	Work knowledge		✓		
5	Behavior with higher authority		✓		
6	Behavior with coordinates sub & colleagues		✓		
7	Sense of hygiene & sanitization		✓		
8	Sense of duty consciousness		✓		
9	Sense of institutional belongings		✓		
10	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.				NO

Signature of the Hod

Head of the Department

Dept. of Oral Medicine & Radiology
Subbaiah Institute of Dental Sciences
NH.13, Purale, Shivamogga-577 222.

Date: 15-04-2024

OBSERVATION OF THE PRINCIPAL

Sl.no	Observation	Excellent	Good	Average	Remarks
1	Punctuality		✓		
2	Obedience		✓		
3	Communication skills	✓			
4	Work knowledge	✓			
5	Behavior with higher authority	✓			
6	Behavior with coordinates sub & colleagues		✓		
7	Sense of hygiene & sanitization		✓		
8	Sense of duty consciousness	✓			
9	Sense of institutional belongings	✓			
10	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.				

Overall performance:

Final grade to be give (tick the grade)	
I	Performance is outstanding at this level
Ii	The individual is performing at a level in excess of the requirements of the role
Iii	The individual is performing well according to the requirements of the role
Iv	The individual is performing at a level below the requirements of the role in some aspects
V	Performance is unacceptable at this level

Date: 19-04-2024

B.S. Sankar
Signature of Principal

Principal
Subbaiah Institute of Dental Sciences
N.H-13, H.H. Road, PURLE
Shivamogga-577 222. Karnataka



SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, Purle, SHIVAMOGGA-577222

STAFF SELF APPRAISAL FORM 2023 - 24

Part A

Name of the Faculty		Dr Varsha Patel G. B
Department		Department of Oral Medicine And Pathology
Designation		Assistant Professor
Age		28/F
Date of birth		30/1/1996
Gender		Female
Marital status		Single
Indicate whether belongs to General/SC/ST/OBC/Minority		OBC
Address for correspondence (with pin code)	Permanent	Varsha Nilaya, Uyyathara budi, Arathalala Bhadravathi, Thrakur, Shivmoga
	Temporary	Varsha Nilaya, Uyyathara budi, Arathalala Bhadravathi, Thrakur, Shivmoga
Mobile no.		8073135727
Email.id		Varsha1996jan@gmail.com
Total years of Teaching Experience	UG	1 year 4 Months
	PG	

EDUCATION & ACADEMIC BACKGROUND

Qualification	College & university	Year	Registration no. Of ug & pg with date	Name of the state council
Under graduation	Subbaiah Institute of Dental Science RGVHS	June 2018	46132A 16/8/2023	KSDC
Post-graduation	Bupji's Dental College & Hospital RGVHS	August 2023	46132A 16/8/2023	KSDC
Additional qualification				



SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, Purle, SHIVAMOGGA-577222

TEACHING EXPERIENCE

Position	Name of the Institute	From DD/MM/YY	To DD/MM/YY	Total experience in years & months
Lecturer/Assistant Professor	Subbaiah Institute of Dental Sciences	8/8/2023	Till date	1 year 4 months
Reader				
Professor				
Professor & Head				
Principal				

PART B

ACADEMIC CONTRIBUTIONS

Sl.no	Title	If yes please tick(✓) & provide necessary documents
1	Publication of research papers	✓
2	Publication of books/chapter	
3	Ongoing or completed research projects	
4	Guiding UG/PG – ongoing or completed research projects	✓
5	Paper/poster presentations at any conference/conventions	✓
6	Training courses, teaching learning evaluation technology program, faculty development program	✓
7	Invited lectures & chairmanships at state, national or international conference/seminar/CDE etc.	
8	Conferences/conventions/seminars, CDE, etc. Attended	✓

Sl.no	ANY OTHER EXTRAORDINARY WORK DONE	DETAILS (PROVIDE NECESSARY DOCUMENTS)
1	Patent if any	
2	Contribution/work done to improve dental education	
3	Participation in affiliated university activities	
4	Participation in dcj activity	
5	Membership of professional bodies/organizations (with positions held, if any)	
6	Would you like to mention anything else	
7	Significant/noteworthy about yourself:	



SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, Purle, SHIVAMOGGA-577222

Are you satisfied with your work (on a scale of 1 to 5)	1	2	3	4	5
					✓

Date: 8-04-2024

Kanaka Patel G.B
Signature of the faculty

OBSERVATION OF THE HEAD OF THE DEPARTMENT

Sl.no	Observation	Excellent	Good	Average	Remarks
1	Punctuality		✓		
2	Obedience		✓		
3	Communication skills		✓		
4	Work knowledge		✓		
5	Behavior with higher authority		✓		
6	Behavior with coordinates sub & colleagues		✓		
7	Sense of hygiene & sanitization		✓		
8	Sense of duty consciousness		✓		
9	Sense of institutional belongings		✓		
10	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.				NO

Date: 8-04-2024

[Signature]
Signature of the Hod
Head of the Department
Dept. of Oral Medicine & Radiology
Subbaiah Institute of Dental Sciences
NH.13, Purale, Shivamogga-577 222.

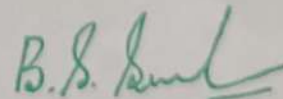
OBSERVATION OF THE PRINCIPAL

Sl.no	Observation	Excellent	Good	Average	Remarks
1	Punctuality	✓			
2	Obedience	✓			
3	Communication skills	✓			
4	Work knowledge	✓			
5	Behavior with higher authority	✓			
6	Behavior with coordinates sub & colleagues		✓		
7	Sense of hygiene & sanitization		✓		
8	Sense of duty consciousness	✓			
9	Sense of institutional belongings	✓			
10	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.				

Overall performance:

Final grade to be give (tick the grade)	
I	Performance is outstanding at this level
ii	The individual is performing at a level in excess of the requirements of the role
iii	The individual is performing well according to the requirements of the role
iv	The individual is performing at a level below the requirements of the role in some aspects
V	Performance is unacceptable at this level

Date: 19-04-2024



Signature of Principal

Principal

Subbalah Institute of Dental Sciences
N.H-13, H.H. Road, PURLE
Shivamogga-577 222. Karnataka



SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, Purle, SHIVAMOGGA-577222

PERFORMANCE APPRAISAL FORM 2023-24

NON-TEACHING STAFF

NAME: Mrs. REKHA G.B.

DEPARTMENT: ADMINISTRATIVE

SL.NO	ASSESSMENT BASED ON	ASSESSMENT		
		EXCELLENT	GOOD	AVERAGE
1	Attendance & Punctuality	✓		
2	Conduct & discipline	✓		
3	Understanding the instrument & ability to carry out the job	✓		
4	Performance in the job	✓		
5	Job knowledge	✓		
6	Initiative to work	✓		
7	Work out put	✓		
8	Accuracy in the work		✓	
9	Relation with superiors and colleagues			✓
10	Decision making			✓
11	Enthusiasm to learn more			✓
12	Reliability/dependability/integrity			✓
13	Whether he/she can be given additional responsibilities?			✓

Remarks:

Overall performance: ✓ Excellent / Good / Average

Date: 9/5/24

Place: SHIVAMOGGA

Rekha G.B.

B.S. Sanku

Signature of the HOD
Principal

Subbaiah Institute of Dental Sciences
N.H-13, H.H. Road, PURLE
Shivamogga-577 222. Karnataka

Signature of the principal

B.S. Sanku
Principal

Subbaiah Institute of Dental Sciences
NH-13, H.H. Road, Purle
SHIVAMOGGA-577 222.

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, Purle, SHIVAMOGGA-577222

PERFORMANCE APPRAISAL FORM 2023-24

NON-TEACHING STAFF

NAME: **KAVYA. M**

DEPARTMENT: **ADMINISTRATIVE**

SL.NO	ASSESSMENT BASED ON	EXCELLENT	GOOD	AVERAGE
1	Attendance & Punctuality	✓		
2	Conduct & discipline	✓		
3	Understanding the instrument & ability to carry out the job	✓		
4	Performance in the job	✓		
5	Job knowledge	✓		
6	Initiative to work	✓		
7	Work out put	✓		
8	Accuracy in the work	✓		
9	Relation with superiors and colleagues	✓		
10	Decision making	✓		
11	Enthusiasm to learn more	✓		
12	Reliability/dependability/integrity	✓		
13	Whether he/she can be given additional responsibilities?	✓		

Remarks:

Overall performance: **Excellent** / Good / Average

Date: **22/4/2024**

Place: **SHIVAMOGGA**




Signature of the HOD

Principal

Subbaiah Institute of Dental Sciences
N.H-13, H.H. Road, PURLE
Shivamogga-577 222. Karnataka



Signature of the principal

Principal

Subbaiah Institute of Dental Sciences
N.H-13, H.H. Road, PURLE
Shivamogga-577 222. Karnataka