SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date:24/03/2023

NAME OF THE FACULTY		Suresh B S
Department		Pedodontics and Preventive Dentistry
Designation		Principal
Age		50
Date and Place of birth		28-03-1973
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	#24.kuvempu road next to jamanna house Shivamogga Karnataka 577201
	Temporary	
Phone no.		9449991000
Email id.		abbisuresh@rediffmail.com
Total years of experience	**UG**	21 years
	PG	15 years

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	SJMDC Chitradurga	1997 July	5712-A	KSDC
Post-Graduation:	PMNMDC Bagalkot	2001 Sept	5712-A	KSDC
Additional Qualification:	--------	---------	----------	----------

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SDC-PCDS	29-10-2001	28-10-2004	3 years
Associate Professor	PCDS,RKDF,KDCC, TMDC	29-10-2004	28-10-2009	6 years 9 months 17 days
Professor	TMDC,SDC	29-10-2009	31-10-2015	6 years 3 days
Any other professional experience	Principal SUIDS	02-11-2015	Till date	8years 4months

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	**Details**
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	**MEMBER FACULTY OF DENTISTRY-RGUHS**
Participation in DCI activity	**DCI MEMBER U/S 3(d)**
Membership of professional bodies/organizations (with positions held, if any)	**IDA Shivamogga** **ISPPD**
Would you like to mention anything else	

significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Paediodontics & Preventive Dentistry
Subbaiah Institute of Dental Sciences
NH.13, Purale, Shi... 577 221

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

B.S. [illegible]

Signature of the Principal

Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-2023 Date: 24/03/2023

NAME OF THE FACULTY		Dr Pramod Krishna B
Department		Oral and Maxillofacial Surgery
Designation		Professor and Head
Age		44 Years
Date and Place of birth		03/05/1978, Mysore
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	#986, 4/8th Main, E&F Block, Ramakrishna Nagar, Mysore 570022
	Temporary	"Swarna"Raghavendra Swamy Mutt Road, Durgigudi, Shivamogga 577201
Phone no.		8904109816
Email id.		drpramodkrishna2001@yahoo.co.in
Total years of experience	**UG**	15 Years
	PG	08 Years

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	KGFCDS, Bangalore University	2000	9199-A 27/12/2000	KSDC
Post-Graduation:	College Of Dental Sciences, Davangere, RGUHS	2007	9199-A 22/06/2007	KSDC
Additional Qualification:	Short Course in Educational Methodology	2015		

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	CIDS, Virajpet KMSDC, Vadodara	28/02/01 08/10/02	23/09/02 25/06/04	3 Years, 4 Months
Assistant Professor	Himachal Institute of Dental Sciences, Paonta Sahib	16/06/2007	15/062011	4 Years
Associate Professor	Himachal Institute of Dental Sciences, Paonta Sahib Farooqia Dental College, Mysore	16/06/2011 01/07/2011	30/06/2011 15/06/2016	5 Years
Professor	Farooqia Dental College, Mysore Chhattisgarh Dental College and Researh Centre Subbaiah Institute of Dental Sciences	16/06/2016 01/12/2017 01/05/2021	30/11/2017 26/04/2021 Till Date	1 Year, 5 Months 3 Years, 4 Months 1 year, 10 months
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
A Longstanding Foreign Body n the oral cavity: An Unusual Presentation	R.G.U.H.S Journal of Dental Sciences (2022, 14,3, 118-20)			5Authors Amy Elizabeth, Sushant Kumar Soni, Pramod Krishna B, Rajdeep Singh, Sushmita Batra	
A Randomized Clinical	R.G.U.H.S Journal of Dental			6 Authors Palak Agrawal, Rajdeep Singh,	

Trial to compare the efficacy of alkalinized Local Anesthesia in Inferior Alveolar Nerve Blocks: A Study of 100 Cases	Sciences (2022, 14,4, 91-99)			Pramod Krishna B, Anshul Sharma, Sushant Soni, Amy Elizabeth Thomas	

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
Modified Bardach Closure For Oronasal Fistula by Trauma Sequel: A Case Report with Review of Literature	9th AOMSI Karnataka State Conference 13th, 14th and 15th October 2022	Paper	14th October 2022	Nil

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
Foundation Course in Educational Methodology	May 2022 to June 2022	Bangalore	RGUHS Acaedemic & Administrative Training Institute

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international
Chairperson for PG Prize Category Paper Presentation	9th AOMSI Karnataka State Conference	13th, 14th and 15th October 2022	Association of oral and Maxillofacial Surgeons of India (Karnataka State Chapter)	State
Moderator for session on Panel discussion on Oral and Maxillofacial Pathology	9th AOMSI Karnataka State Conference	13th, 14th and 15th October 2022	Association of oral and Maxillofacial Surgeons of India (Karnataka State Chapter)	State

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
9th AOMSI Karnataka State Conference	13th, 14th and 15th October 2022	Mysore

CDE on Dental Technology Innovations Entrepreneurship & IPR Guidance Program at Subbaiah Institute of Dental Sciences	20th May 2022	Shimoga
CDE Programme on "CBCT: A Diagnostic Tool for Dental Practitioners"	6th May 2022	Shimoga

Any other extraordinary work done	**Details**
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	Inspector as "Subject Expert" in L.I.C inspection of RGUHS at KLE Institute of Dental Sciences, Bengaluru
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	1. Life Member of Association of Oral and Maxillofacial Surgeons of India 2. Executive Committe Member in Karnataka State Chapter of Association of Oral and Maxillofacial Surgeons of India
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/8/23

Signature of the staff member

Observation of the Head of the Department

Sl.no.	**Observations**	**Excellent**	**Good**	**Average**	**Remarks**
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		

4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues		✓		
7.	Sense of hygiene and sanitization		✓		
8.	Sense of duty consciousness		✓		
9.	Sense of institutional belonginess		✓		
10.	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.		✓		

Date: 10/03/23

Signature of the HOD

Dept. of Oral and Maxillofacial Surgery
Subbaiah Institute of Dental Sciences
NH-13, Purale, Shivamogga-577 222

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

Principal
Subbaiah Institute of Dental S...
NH-13, H.H. Road, Pur...
SHIVAMOGGA-577 222, Ka...

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022 - 2023 Date: 24/3/23.

NAME OF THE FACULTY		Dr Bhakti Sadhu
Department		Public Health Dentistry
Designation		Reader
Age		35
Date and Place of birth		12/12/1987, Al Ahmadi, Kuwait
Gender		Female
Marital status		Single
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	Permanent	A-97, Radhakrishna Soc. Opp Sahyog Soc. Gorwa, Baroda - 390016
	Temporary	413 2/4, Rudrappa compound, Jail Road, Shimoga - 577201
Phone no.		9620881743
Email id.		bhakticadhu87@gmail.com
Total years of experience	UG	8
	PG	5

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation: BDS	AJIDS, RGUHS	2005	28733-A 16/09/2011	KSDC
Post-Graduation: MDS	AJIDS, RGUHS	2012	28733-A 11/01/2016	KSDC
Additional Qualification: ① PGDBEME ② PGDHHM ③ PGDOMHHO	Venepoya University / Symbiosis International	2015	–	–

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	Coorg Institute of Dental Sciences	02/12/2015	01/12/2019	4 years
Associate Professor	1. CIDS, Virajpet 2. SIDS, Shimoga	02/12/2019 16/03/21	15/03/2021 Till date	1 year 3 months 2 years
Professor	–	–	–	–
Any other professional experience	–	–	–	–

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
1. CDE - CBCT: Diagnostic Tool for Dental Practitioners	1 day	06/05/2022, SIDS	SIDS, Shimoga
2. CDE - Dental Technology Innovation & Entrepreneurship & IPR Guidance	1 day	20/5/22, SIDS	SIDS, Shimoga
3. Webinar - Tobacco threatens Environment	3 hrs	31/05/22, Online	Anil Neerankunda Institute of Dental Sciences
4. Webinar - Role of Dentist in Public Health	2 hrs	20/6/22, Online	IAPHD,
5. CDE - Lasers in PEA	1 day	18/10/22, SIDS	SIDS, Shimoga

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 29/3/23

Signature of the HOD

Head of the Department
Dept. of Public Health Dentistry
Subbaiah Institute of Dental Sciences
NH-13, Purle, Shivamogga-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 29/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022 - 2023 Date: 24/3/23

NAME OF THE FACULTY		Dr. Anubhav Jonnu
Department		Oral & maxillofacial surgery.
Designation		Associate Professor.
Age		38 Years.
Date and Place of birth		25/05/1985 - Mangalore.
Gender		Male.
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	E-100, E-Block,
	Temporary	1st Main, Gopala Gowda Extension, Shimoga.
Phone no.		9886068356.
Email id.		anubhavjonnu@gmail.com.
Total years of experience	**UG**	9 Years.
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	Bapuji Dental College, RGUHS	2003 - 2008	22755-A September-2008.	KSDC
Post-Graduation:	College of Dental Science, RGUHS	2009 - 2012.	22755-A May-2012.	KSDC.
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	—	—	—	—
Assistant Professor	KLE Dental College.	6th May 2013	23 May 2017	4 Years.
Associate Professor	Subbaiah Dental College	1st June 2017.	Till daye.	5 Years 9 months.
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Dept. of ... Dental Sciences
Subbaiah Institute of Dental Sciences
NH.13, Purle, ... 577 222

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022 - 2023 Date: 24/3/23

NAME OF THE FACULTY		MANJUNATH. S
Department		ORAL & MAXILLOFACIAL SURGERY
Designation		SENIOR LECTURER
Age		35 YEARS.
Date and Place of birth		20 / JUNE / 1988.
Gender		MALE
Marital status		MARRIED
Indicate whether belongs to General/SC/ST/OBS/Minority		OBC
Address for correspondence (with pin code)	**Permanent**	#25, SHRISHAILA, 6th CROSS
	Temporary	MAHADESHWARA NAGAR, KSRTC LAYOUT, BENGALURU-560091
Phone no.		9964782727
Email id.		drmanjunath688@gmail.com
Total years of experience	**UG**	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	DAPMRV Dental College / RGUHS	2012.	31534A	KSDC
Post-Graduation:	AL-AMEEN DENTAL College/RGUHS	2016.	31534A (03/04/13)	KSDC.
Additional Qualification:	Fellowship in Oral Onco surgery	2019		

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SUIDS	13/3/2021	Till date	2 Years 15 days
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Manjunath S

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

Principal
Subbaiah Institute of Dental Sciences
NH-13, H.P. Road, Bude
SHIVAMOGGA-577 222, Karnataka

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022 - 2023 Date: 24/3/23

NAME OF THE FACULTY		DR. PRAJWAL K.
Department		ORAL & MAXILLOFACIAL SURGERY
Designation		SENIOR LECTURER
Age		28 YEARS
Date and Place of birth		12-05-1995
Gender		MALE
Marital status		
Indicate whether belongs to General/SC/ST/OBS/Minority		
Address for correspondence (with pin code)	**Permanent**	# Janani, near police lawout, Gopala, Shimoga, 577205.
	Temporary	
Phone no.		7760843701
Email id.		prajwal pk 16 @gmail.com
Total years of experience	**UG**	10 months
	PG	10 months.

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	GOVT. DENTAL COLLEGE AND RESEARCH INSTITUTE BELLARY / RGUHS	2013-2018	44055A	KSDC
Post-Graduation:	BDCH Davangere	2019-2022	44055A	KSDC.
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SIDS	11/09/2022	Till date	10 months
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Prajwalk

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Oral & Maxillofacial Surgery
Subbaiah Institute of Dental Sciences
NH-13, H.H. Road, Purle, SHIVAMOGGA-577 222

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCESNH-13,PURLE,SHIMOGA

STAFFSELF APPRAISALFORM-PARTA

Year-2022-2023 Date:24-03-2023

NAMEOFTHEFACULTY		DrANOOP KURIAN MATHEW
Department		ORALMEDICINE&RADIOLOGY
Designation		PROFESSOR
Age		37
DateandPlaceofbirth		27/08/1986,UDUMALPET
Gender		MALE
Maritalstatus		MARRIED
Indicate whether belongs toGeneral/~~SC/ST/OBS/Minority~~		GENERAL
Address forcorrespondence (with pincode)	**Permanent**	Chalasseril(H),KoothrapallyP.O, Karukachal,Kottayam-686540
	Temporary	Dept. Of Oral Medicine & RadiologySubbaiahInstitute OfDentalSciences Shivamogga-577222
Phoneno.		+918111840715
Emailid.		drakm2017@gmail.com
Totalyearsof experience	**UG**	9
	PG	-

EDUCATIONANDACADEMICBACKGROUND

Qualification	**College&Univ.**	**Year**	**RegistrationNo. of UG & PG withdate**	**Name of the StateCouncil**
UnderGraduation:	Rajah MuthiahDentalCollege&Hospital ANNAMALAIUNIVERSITY	2008	16568 25/07/2016	KERALA STATE DENTALCOUNCIL
Post-Graduation:	Yenepoya DentalCollege& HospitalYENEPOYA UNIVERSITY	2013	16568 25/07/2016	KERALA STATE DENTALCOUNCIL
AdditionalQualification:				

EXPERIENCE:

Position	NameofInstitution	FromDD/ MM/YY	ToDD/M M/YY	TotalExperie nce inyears& months
Tutor/Demonstrator Registrar/Sr. Resident	-	-	-	-
AssistantProfessor	IndiraGandhi Institute of DentalSciences	01/05/2013	30/04/2017	4Years
AssociateProfessor	Indira GandhiInstituteofDe ntal Sciences	01/05/2017	30/01/2021	3 Years 9Month s
AssociateProfessor	Subbaiah Institute ofDentalSciences	12/03/2021	10/07/2022	1Year 4 Months
Professor	SubbaiahInstituteof DentalSciences	11/07/2022	TillDate	9 Months
Anyother professional experience				

PART B

RESEARCH,PUBLICATIONSANDACADEMICCONTRIBUTIONS

Publicationofresearchpapers					
Title ofthe article	Journal name (Year, Volume, Issueno. andpage no.)	Indexed journalor non-indexed journal (mention it).	Whether peer reviewed? Impact factorif any.	No.andname ofthe authors(order accordingto the article)	Sponsoring agencyand expenditure
Adjuvant Diagnostic AidsforOral Cancer Detection:A Review	J Odontol Res 2020;8(1):26-31	Google Scholar Advanced Science Abstract		AnoopKurian Mathew JeethumolShaji ShaulHameed AsafAboobakker	
Neuromuscu lar disorders andTheir OralHealth Consideratio ns-AReview	Scholars Journal Dental Sciences 2021;8(9(: 292-294	Publons Googler scholar Research gate, ESJIISI		AnoopKurian Mathew ShaulHameed SumaMS Prasanna KumarRao SeethalCP	
Cytology of Oral Squamous	Annals of Clinical and	Publons, EuroPub,C NKI,DRJI,		Nitheash P, Mithun KM, Suresh BS, Suma MS, Anoop Kurian	

Cell Carcinoma Case reports and Short Review	Laboratory research	Google Scholar		Mathew	

Publicationofbooks/chapter				
Titleofthebook/chapter	Publisher's name	Editionandyear	No. ofauthors	Sponsoring agencyand expenditure

Ongoingorcompletedresearchprojects			
Title	Period	Grant/fundsif receivedandamount mobilized	Ifpublished, mention thepublicationdetails.

GuidingUG/PG-Ongoingorcompleted researchprojects				
Nameofthestudent	UG/PG; Which year?	Title	Period	Grant/fundsifreceivedandamount mobilized

Paper/posterpresentationsat anyconference/conventions				
Title	Conferencedetails(Name, date, place)	Paper/poster	Date ofpresentation	Awards forthesame
Evaluation of prevalenceand location of vascularchannels in the mandibleamong patients selectedfordentalimplants –a computerizedtomography study	**28th IAOMR NationalConferenceKanniyakumari**	**Paper**	**15/12/2016**	
Assessment of vascular channels in the mandible	**5th OOO CONCLAVE**	**Paper**	**08/03/2023**	

Trainingcourses,teachinglearningevaluationtechnologyprogram,facultydevelopmentprogram			
Programname(Title, Resourceperson)	Duration	Dateandplace	Organizedby
FoundationCourse inEducationalMethodology	**May–June2022**	**RGUHS Academic& Training Institute**	**RGUHS Academic &TrainingInstitute**
Primer on Tobacco Cessation	**May 2023**	**NIMHANS, Bengaluru**	**NIMHANS Institute, Bengaluru**

InvitedlecturesandchairmanshipsatState,NationalorInternational conference/seminars/CDEs,etc.				
Title oflecture/academic session	Title ofconference/seminar, etc.	Date and place	Organized by	Whetherstate/national/international
PaperPresentationJudge	**28th IAOMR NationalConferenceKanniyakumari**	**15/12/2016 Kanniyakumari**	**IAOMR**	**NationalConference**

No.ofconferences/conventions/seminars,CDEs,etc.attended		
State/national/internationaldetailsofthe program	Dates	Place
CBCT:ADiagnosticToolfor DentalPractitioners	06/05/2022	Shivamogga
DentaltechnologyInnovationsEntrepreneurship& IPRGuidance Program	20/05/2022	Shivamogga
AdvancedApplicationsofCBCTTechnology:SurgicalGuides&3DPrinting	10/09/2022	Mangaluru
EthicsinResearchandRoleofIECinResearch	11-01-2023	Shivamoga

Anyotherextraordinary workdone	Details
Patentifany.	
Contribution/workdonetoimprovedental education.	
Participationinaffiliateduniversityactivities	Foundation Courses
ParticipationinDCIactivity	
Membershipofprofessional bodies/organizations(withpositionsheld,ifany)	**Life Member of IAOMRIndianDentalAssociation**
Wouldyou liketo mentionanythingelse significant/noteworthyaboutyourself:	

Are you satisfiedwithyourwork(on a scale of1 to5)	1	2	3	4	5
					✓

Dr Anoop

Date: 24/3/23

Signatureofthestaffmember

Observation oftheHeadoftheDepartment

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communicationskills		✓		
4.	Workknowledge		✓		
5.	Behavior withhigher authority		✓		
6.	Behaviorwithcoordinatessuband colleagues		✓		
7.	Senseofhygieneandsanitization		✓		
8.	Sense ofdutyconsciousness		✓		
9.	Senseofinstitutionalbelonginess		✓		
10.	Anynotice hasbeenissuedforindisciplineactivities.If yes,givedetails ofthenoticegiven.		✓		

Dr Anoop

Date: 24/3/23

Signature ofthe HOD

Head of the Department
Dept of Oral Medicine & Radiology
Subbaiah Institute of Dental Sciences
NH-95, Purale, Shimoga

Observation ofthePrincipal(Tobefilled inbytheHeadoftheInstitution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communicationskills		✓		
4.	Workknowledge		✓		
5.	Behavior withhigher authority		✓		
6.	Behaviorwithcoordinatessubandco lleagues		✓		
7.	Senseofhygieneandsanitization		✓		
8.	Sense ofdutyconsciousness		✓		
9.	Senseofinstitutionalbelonginess		✓		
10.	Any notice has been issued forindisciplineactivities.Ifyes,giv e detailsofthenoticegiven.		✓		

OverallPerformance:

FinalGradeto begiven(Tickthegrade)		
I	Performanceisoutstandingatthislevel	
II	Theindividualisperforming atalevelin excessoftherequirementsoftherole.	
III	Theindividualisperformingwellaccording totherequirementsoftherole.	
IV	Theindividualisperformingat alevelbelow therequirementsoftheroleinsomeaspects.	✓
V	Performanceisunacceptableatthislevel.	

Date: 24/3/23

B.S.

Signature of the Principal

Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-23 Date:24/3/2023

NAME OF THE FACULTY		Dr. SHIVAKUMAR TP
Department		DEPARTMENT OF PERIODONTICS
Designation		PROFESSOR
Age		38
Date and Place of birth		16/04/1985, DAVANGERE
Gender		MALE
Marital status		MARRIED
Indicate whether belongs to General/SC/ST/OBS/Minority		GENERAL
Address for correspondence (with pin code)	**Permanent**	9TH CROSS KUVEMPU ROAD, DURGIGUDI(S) HONNALI, DAVANAGERE -577217
	Temporary	9TH CROSS KUVEMPU ROAD, DURGIGUDI(S) HONNALI, DAVANAGERE -577217
Phone no.		9901670934
Email id.		tpshiv16@gmail.com
Total years of experience	**UG**	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	GOVT DENTAL COLLEGE AND RESEARCH BANGALORE RGUHS UNIVERSITY	2008	23541-A	KSDC
Post-Graduation:	H K E S, S N DENTAL COLLEGE AND RESEARCH GULBARGA	2012	23541-A	KSDC

	RGUHS UNIVERSITY			
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SHARAVATHI DENTAL COLLEGE AND HOSPITAL SHIMOGA	11/12/12	26/12/16	04YR0 MN 15DY
Associate Professor	SHARAVATHI DENTAL COLLEGE AND HOSPITAL SHIMOGA SUBBAIAH INSTITUTE OF DENTAL SCIENCES SHIMOGA	26/12/16 24/07/17	22/07/17 11/12/2021	0YR 10MN 27DY 05YR 064MN 18DY
Professor	SUBBAIAH INSTITUTE OF DENTAL SCIENCES SHIMOGA	12/11/2021	TILL DATE	01YR 04MN 12DY
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

	CDE ON CBCT	2022 LH-2		
	CDE LASERS IN PEA	2022 LH-2		
	RGUHS Foundation Course In Educational Methodology (FCEM) RAATI LMS	2022 LH-2	RGUHS	

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality	✓			
2.	Obedience	✓			

3.	Communication skills	✓			
4.	Work knowledge	✓			
5.	Behavior with higher authority	✓			
6.	Behavior with coordinates sub and colleagues	✓			
7.	Sense of hygiene and sanitization	✓			
8.	Sense of duty consciousness		✓		
9.	Sense of institutional belonginess	✓			
10.	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.	✓			

Date: 24/3/23

Signature of the Head

Head of the Department
Dept. of Prosthodontics
Subbaiah Institute of Dental ...
NH.13, Purale, Shimoga-577 ...

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-23 Date:24/3/2023

NAME OF THE FACULTY		SHRUTHI. M. S
Department		DEPARTMENT OF PERIODONTICS
Designation		PROFESSOR
Age		38
Date and Place of birth		18/02/1985.SHIMOGA
Gender		FEMALE
Marital status		MARRIED
Indicate whether belongs to General/SC/ST/OBS/Minority		GENERAL
Address for correspondence (with pin code)	**Permanent**	NESARA, 3RD CROSS, SRIPATHA ,KEERTHINAGAR, SHIMOGA 577204
	Temporary	
Phone no.		9902936899
Email id.		shruthi.sdoc@gmail.com
Total years of experience	**UG**	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	COLLEGE OF DENTAL SCIENCES RGUHS	2007	21021 A 16/11/2007	KSDC
Post-Graduation:	BAPUJI DENTAL COLLEGE AND HOSPITAL RGUHS	2013	21021 A 20/05/2014	KSDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SUBBAIAH INSTITUTE OF DENTAL SCIENCES	23/01/2014	13/03/2018	04YR 1MN 11DY
Associate Professor	SUBBAIAH INSTITUTE OF DENTAL SCIENCES	14/03/2018	TILL DATE	05YR 10DY

Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
A survey among dentists in India to identify their favored materials for the fabrication of tooth-supported single crowns depending on the location of the abutment teeth and the preparation margin	International Journal of Oral Care and Research	Pubmed, Scopus	9	Arun Kumar Talkal, Neha Vijaykumar, Mahesh C. Swamy, Shashank S. N.1 , Harshitha Patil H. G., Shruthi Mavinahalli Shanmukappa	

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
CDE ON CBCT	2022	SUBBAIHA INSTITUTE OF DENTAL SCIENCES LH-2
CDE LASERS IN PEA	2022	SUBBAIHA INSTITUTE OF DENTAL SCIENCES LH-2
RGUHS Foundation Course In Educational Methodology (FCEM)	2022	SUBBAIHA INSTITUTE OF DENTAL

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Dr Shruthi N.S

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Subbalah Institute of Dent.
NH-13, Purle, Shivamogga

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

Principal
Subbalah Institute of Dental Sciences
NH-13, H.H. Road, Purle
SHIVAMOGGA-577 222, Karnataka

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date:24/03/2023

NAME OF THE FACULTY		MANJUNATH S G
Department		DEPARTMENT OF PERIODONTICS
Designation		PROFESSOR & HEAD OF DEPARTMENT
Age		46 YEARS
Date and Place of birth		13/05/1976 BAGALKOTE
Gender		MALE
Marital status		MARRIED
Indicate whether belongs to General/SC/ST/OBS/Minority		GENERAL
Address for correspondence (with pin code)	**Permanent**	NO.85 3RDMAIN 2ND STAGE AGB MAHALAXMIPURA BENGALURU 560086
	Temporary	present. no. G6 B block staff quarters__Subbaiah Medical College campus, NH-13 Purle Holebenavalli post, Shimoga - 577222
Phone no.		9880389393
Email id.		sgman2k@gmail.com
Total years of experience	**UG**	15YR 07MN 17DY
	PG	15YR 07MN 17DY

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	KLE INST OF DENTAL SCIENCES BANGALORE UNIVERSITY	1998	6126 A	KSDC
Post-Graduation:	GOVT DENTAL COLLEGE BANGALORE RGUHS UNIVERSITY	2005	6126 A	KSDC

Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	TERNA DENTAL COLLEGE & HOSPITAL NAVI MUMBAI	05.10.05	27.04.07	01YR 06MN 23DY
	GURU GOBIND SINGH COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE, BURHANPUR	30.04.07	10.09.09	02YR 04MN 12DY
Associate Professor	UTTARANCHAL DENTAL & MEDICAL RESEARCH INSTITUTE DEHRADUN	11.09.09	25.09.14	05YR 00MN 15DY
Professor	SUBBAIAH DENTAL COLLEGE AND HOSPITAL	01.08.15	TILL DATE	8YR 07MN 23DY
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
HEMANGIOMA OF GINGIVA - AN INTERESTING CASE	JOURNAL OF PIERRE FAUCHARD ACADEMY 2004	Index copernicus		1.MANJUNATH SG 2.AR PRADEEP	
Gingival Crevicular Fluid		Pubmed.			

Levels of Leukotriene B4 in Periodontal Health and Disease	Journal of periodontology 2007	Scopus		1.A.R. Pradeep, 2.S.G. Manjunath, 3.Pradeep Patel Swati, 4.Chowdhry Shikha, 5.Pai B. Sujatha	
Photography in clinical dentistry--a review	International Journal of Dental Clinics 2011	Index copernicus		1.S.G. Manjunath, 2.T Raju Ragavendra, 3.Sowmya K. Setty, 4.K. Jayalakshmi	
Interdisciplinary Approach to Management of Amelogenesis Imperfecta: A Case Series	World Journal of Dentistry 2019	Scopus		1.Manjunath SG , 2.Bharathi , 3.Manasa HD, 4.Betsy S Thomas , 5.Mithun Upadhya 6.Hema Kanathila	
Platelet-rich fibrin in the management of periapical lesions: A case series	International Journal of Preventive and Clinical Dental Research 2020	Index Copernicus		1.Bharathi, 2.HD Manasa, 3.SG Manjunath, 4.V Anand, 5.Archita Datta, 6.D Shanthala	
Effective dentistry requires Interdisciplinary clinical research	RGUHS Journal of Dental Sciences 2020	Google scholar		1.Dr Bharathi , 2.Dr Hema K , 3.Dr Betsy Thomas , 4.Dr Manjunath S G , 5.Dr Ranjith , 6.Dr Vinutha	
Oral Indicators and after effects of COVID-19	Turkish Journal of Physiotherapy and Rehabilitation 2021	Scopus		1.Dr. Hema Kanathila , 2.Dr. Ashwin Pangi , 3.Dr. Srilakshmi Jagadeesh 4.Dr.Tony Mathew , 5.Dr. Manjunath SG ,	

				6.Dr. Bharathi Poojary	

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
State Level CDE On Substance Use Disorder And Control Programe	2019	
RGUHS Basic Course In Educational Methodology	2019	
RGUHS Foundation Course In Educational Methodology (FCEM) RAATI LMS	2022	
CDE LASERS IN PEA	2022	
CDE ON CBCT	2022	

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	

Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Periodontics
Subbaiah Institute of Dental Sciences
NH.13, Purale, Shivamogga

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 29/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-23 Date:24/03/2023

NAME OF THE FACULTY		DR ABHIJITH SHETTY
Department		DEPARTMENT OF PERIODONTICS
Designation		SENIOR LECTURER
Age		28YEARS
Date and Place of birth		20 /08/1995
Gender		MALE
Marital status		
Indicate whether belongs to General/SC/ST/OBS/Minority		
Address for correspondence (with pin code)	**Permanent**	
	Temporary	
Phone no.		
Email id.		
Total years of experience	**UG**	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	K G F COLLEGE DENTAL SCIENCES	2019	13D0702	RGUHS
Post-Graduation:				
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SUBBAIAH INSTITUTE OF DENTAL SCIENCES	4/10/2022	TILL DATE	5MN 20DY
Associate Professor				
Professor				
Any other professional				

experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Periodontics
Sum[illegible] Institute of Dental [illegible]

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

B.S.

Signature of the Principal

Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-23 Date:24/03/2023

NAME OF THE FACULTY		DR SHALINI H S
Department		DEPARTMENT OF PERIODONTICS
Designation		SENIOR LECTURER
Age		39
Date and Place of birth		01/07/1984
Gender		FEMALE
Marital status		MARRIED
Indicate whether belongs to General/SC/ST/OBS/Minority		
Address for correspondence (with pin code)	**Permanent**	SAPTAGIRI NILAYA ,2ND CROSS ,BEHIND SHANKAR GAS AGENCY ,BHADRAVATHI,577301
	Temporary	SAPTAGIRI NILAYA ,2ND CROSS ,BEHIND SHANKAR GAS AGENCY ,BHADRAVATHI,577301
Phone no.		9844664952
Email id.		drshalini.bdvt@gmail.com
Total years of experience	**UG**	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	BAPUJI DENTAL COLLEGE AND HOSPITAL DAVANGERE	2007	20964 A	RGUHS
Post-Graduation:	COLLEGE OF DENTAL SCIENCES DAVANGERE	2018	20964 A	RGUHS
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				

Assistant Professor	YOGITHA DENTAL COLLEGE MAHARASTRA	01/10/2018	06/01/2021	2YEARS 3MONTHS 6DAYS
	SUBBAIAH INSTITUTE OF DENTAL SCIENCES SHIVAMOGGA	26/12/2020	TILL DATE	2 YR 3 MN 29DYS
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if	If published,

		received and amount mobilized	mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
CDE ON CBCT	2022	SUBBAIHA INSTITUTE OF DENTAL SCIENCES LH-2
CDE LASERS IN PEA	2022	SUBBAIHA INSTITUTE

		OF DENTAL SCIENCES LH-2
RGUHS Foundation Course In Educational Methodology (FCEM) RAATI LMS	2022	SUBBAIHA INSTITUTE OF DENTAL SCIENCES LH-2

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality	✓			
2.	Obedience	✓			
3.	Communication skills	✓			
4.	Work knowledge	✓			
5.	Behavior with higher authority	✓			
6.	Behavior with coordinates sub and colleagues	✓			
7.	Sense of hygiene and sanitization	✓			
8.	Sense of duty consciousness	✓			
9.	Sense of institutional belonginess		✓		

10.	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.		✓		

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Periodontics
Sri Sai Institute of Dental Sciences
NH.13, Purale, Shivamogga-577 222

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

Principal
Sri Sai Institute of Dental Sciences
NH-13, H.H. Road, Purle
SHIVAMOGGA-577 222, Karnataka

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-23 Date:24/03/2023

NAME OF THE FACULTY		Dr. Akshata KR
Department		Periodontology
Designation		Reader
Age		37yrs
Date and Place of birth		15.04.1986 Bangalore
Gender		Female
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	No.8, Anjaneya temple second street, Seshadripuram, Bangalore
	Temporary	
Phone no.		9845648714
Email id.		Dr.akshatakr@gmail.com
Total years of experience	**UG**	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	SDM College of Dental Sciences, RGUHS	2009	25384 A	Karnataka State Dental council
Post-Graduation:	AECS Maaruti College of Dental Sciences & Research Centre RGUHS	2013	25384 A	Karnataka State Dental council
Additional Qualification:	Fellowship in Laser Dentistry	2021		

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SUBBAIAH INSTITUTE OF DENTAL SCIENCES SHIMOGA	05/11/2013	31/12/2019	6 years 1 month 26 days
Associate Professor/ Readear	SUBBAIAH INSTITUTE OF DENTAL SCIENCES SHIMOGA	01/01/2020	Till date	2 year 6 months
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Evaluation of Composition and Architecture of the Platelet Rich Fibrin: An Observational Study	2021 Vol. 25 Issue 3 7330-7340	scopus		K.R. Akshata, Ranganath V, Ashish S. Nichani, Pratiksha Ravindranath Shetty, Prashanth Bhat, Vinay BV	
A survey among dentists in India to identify their favored materials for the fabrication of tooth-supported single crowns depending on the location of the abutment teeth and the preparation margin.				DR ARUNKUMAR TALKAL, DR NEHA VIJAYKUMAR, DR MAHESH C SWAMY, DR SHASHANK S N, DR HARSHITHA PATIL H G, DR. SHRUTHI M S	

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
RAATI	1YEAR	SHIMOGA	RGUHS

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
CDE ON CBCT	2022	SUBBAIAH INSTITUTE OF DENTAL SCIENCES LH-2

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Periodontic
Sri Sai Institute of Dental
Sciences, Shivamogga-577201

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-23 Date:24/03/2023

NAME OF THE FACULTY		DR. SHRADHA VAGRALI
Department		ORAL PATHOLOGY AND MICROBIOLOGY
Designation		SENIOR LECTURER
Age		28 YEARS
Date and Place of birth		15/10/1994 BELAGAVI
Gender		FEMALE
Marital status		SINGLE
Indicate whether belongs to General/SC/ST/OBS/Minority		GENERAL
Address for correspondence (with pin code)	**Permanent**	Plot no 65, NishigandhaMarg, Vinayak Nagar, Hindalga Road, Belagavi-591108
	Temporary	T-4, Third Floor, B block, Staff Quarters, Subbaiah Institute of Medical and Dental Sciences, Shimoga-577222
Phone no.		8884709639
Email id.		shradha.vagarali@gmail.com
Total years of experience	**UG**	9 months 14 days
	PG	-

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	KLE VK Institute of Dental Sciences, Belagavi KLE University	2013-2018	43966 A	Karnataka State Dental Council
Post-Graduation:	KLE VK Institute of Dental Sciences, Belagavi KAHER	2019-2022	43966 A	Karnataka State Dental Council
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	Subbaiah Institute of Dental Sciences, Shimoga	10/06/2022	Till date	9 months 14 days
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	

Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Shwetha

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Professor and HOD
Dept. of Oral Pathology & Microbiology
Subbaiah Institute of Dental Sciences
NH-13, Purale, Shivamogga-577 222

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

B.S.

Signature of the Principal

Principal
...aiah Institute of Dental Sciences
NH-13, H.H. Road, Purle
SHIVAMOGGA-577 222, Karnataka

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-2023 Date: 24/3/23

NAME OF THE FACULTY		Dr Vinayak SK
Department		Public Health Dentistry
Designation		Prof. & Head
Age		45
Date and Place of birth		15/02/1978
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	Lagam Padagatti Road, Vidyanagar, 4th cross Gokak, Belgaum - 591302
	Temporary	Quarters no. 73-B Block, Staff quarters - SIDS, Shimoga
Phone no.		9886955005
Email id.		drvinayak15@rediffmail.com
Total years of experience	**UG**	10 yrs
	PG	10 yrs

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation: BDS	CODS, Davangere	1997-2005	14885-A 5/6/2004	KSDC
Post-Graduation: MDS	CODS, Davangere	2005-2009	14885-A 1/7/11	KSDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
~~Tutor/Demonstrator~~ ~~Registrar/Sr.~~ Asst. Prof. Resident	1. NIMS, Rajasthan	07/10/2011	08/10/2012	1 year
	2. Navodaya Dental College	05/12/2012	31/01/2015	2 yrs 1 month
Assistant Professor	3. ACPM, Maharashtra	28/05/10	06/06/2011	1 year 1 month 18 days
Associate Professor	1. Malabar Dental College	13/4/2015	15/04/2016	1 year
	2. Al Azar Dental College	12/05/16	10/03/21 till date	4 years 10 months
Professor	3. SIDS	15/03/21		3 yrs
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

Principal

Subbaiah Institute of Dental Sciences
NH-13, H.H. Road, Purle
Shi... SOGGA-577 222, Karnataka

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022 - 2023 Date: 04/3/23

NAME OF THE FACULTY		Dr Bhargava Kashyap N
Department		Public Health Dentistry
Designation		Senior Lecturer
Age		34 yrs
Date and Place of birth		11/02/1988
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	Permanent	Venkatadri, Near BVN High School Devasandra, Krishnarajapuram, Bangalore
	Temporary	Staff quarters, Subbaiah Institute of Dental Sciences, Shimoga
Phone no.		8310535507
Email id.		drbhargavakashyapbr@gmail.com
Total years of experience	UG	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation: BDS	MR Ambedkar Dental College, Bangalore	2009	27397-A 04/11/2010	KSDC
Post-Graduation: MDS	KLE VK Institute of Dental Sciences	2017	27397-A 07/09/2017	KSDC
Additional Qualification: PG Diploma in Clinical Research & Regulatory Affairs	Manipal University	2012	—	—

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	1. KCDS, Bangalore	11/02/19	06/10/20	1 year 8 months
Assistant Professor	2. SIDS, Shimoga	15/01/2021	Till date	2 year 3 months
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Public Health Dentistry
Subbaiah Institute of Dental Sciences
NH.13, Purale, Shivamogga-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-2023 Date: 24/03/2023

NAME OF THE FACULTY		Dr Chethan J
Department		Public Health Dentistry
Designation		Associate Professor
Age		35
Date and Place of birth		31/03/1987 and Shivamogga
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		SC
Address for correspondence (with pin code)	**Permanent**	Shrinivasa Nilaya, Opposite police station, Bharamasagara, Chitradurga district - 577519
	Temporary	#G8, Teaching Staff Quarters, Subbaiah Dental College, Shivamogga
Phone no.		8050748345
Email id.		chetanjagadish43@gmail.com
Total years of experience	**UG**	12 years and 7
	PG	7 years and 7 months

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	SJM Dental College and Hospital, Chitradurga and RGUHS, Bangalore	2010	26338-A	KSDC, Bangalore
Post-Graduation:	SDM College of Dental Science and Hospital, Dharwad	2015	26338-A	KSDC,Bangalore
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	Subbaiah Institute of Dental Science and Research Centre, Shimogga	7/7/2015	8/7/2019	4 years
Associate Professor	Subbaiah Institute of Dental Science and Research Centre, Shimogga	8/7/2019	Till date	3 years and 7 months
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects

Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
Outstanding service as a volunteer in Special Olympics Bharat, karnataka Special Smiles Program	One day	30/09/2019 Sagar	Chaitanya special education trust, Mungaravalli

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 29/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/6/23

Signature of the HOD

Head of the Department
Dept. of Public Health Dentistry
Subbaiah Institute of Dental Sciences
NH-13, Purle, Shivamogga-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-2023 Date: 24/3/23

NAME OF THE FACULTY		Dr. Anitha Bagantri
Department		Public Health Dentistry
Designation		Assistant professor.
Age		43.
Date and Place of birth		31-05-1980
Gender		Female.
Marital status		Married.
Indicate whether belongs to General/SC/ST/OBS/Minority		
Address for correspondence (with pin code)	**Permanent**	Umashankar Nagar, Ranibennur, Haveri-581123
	Temporary	
Phone no.		9148616701.
Email id.		
Total years of experience	**UG**	
	PG	11 Months.

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	KLE Society Institute of Dental Sciences	2005	15981 A	KSDC
Post-Graduation:	SDM.C.D.S Dharwad.	2016	15981 A	KSDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SDIDS.	24/06/22	Till date.	11 months.
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Subbaiah Institute of Dental Sciences
NH-13, H.H. Road, Purle, Shivamogga

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022 - 2023 Date:24/3/2023

		Dr Anil Babu B
Department		Public Health Dentistry
Designation		Assistant professor
Age		44
Date and Place of birth		11/10/1979 Raichur
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		SC
Address for correspondence (with pin code)	**Permanent**	H. No 8-11-180/27 Near Pramana College. Lakshmipuram layout Raichur-584103
	Temporary	Subbaiah Institute of Dental sciences Department of PHD Shimoga
Phone no.		8762438366
Email id.		drbanilbabu@gmail.com
Total years of experience	**UG**	7 years
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	HKDETS HUMANABAD	2007	23025-A	KSDC
Post-Graduation:	NAVODAYA DENTAL COLLEGE. RAICHUR	2021	23025-A	KSDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	Tutor	2/2/2011	31/5/2018	7 years

Assistant Professor	JKKN Dental college Kumarpalayam. Tamilnadu SUIDS purle SHIMOGA	15/11/21 12/6/22	10//6/22 Upto date	7months
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
A systematic review on the guidelines for nutritional assessment for head and neck cancer patients managed by surger	Oral Maxillofac Pathol. 2021 May-Aug; 25(2): 370	**Indexed PubMed**		Shrikanth Muralidharan, Arunkumar Acharya, Pramila Mallaiah, B Anil Bab	
Assessment of oral health status and treatment needs in hemodialysis patients at Raichur district, Karnataka, Indi	International Journal of Preventive and Clinical Dental Researc	**Indexe D PubMed**		Arun Kumar Acharya, Sudarshan Kumar Chinna, Rashmi Bankur, Shanthi Margabandhu, B Anil Babu, Nasi Isma	
Assessment of microbial contamination of mobile phones among mothers in Raichur city,	International Journal of Health Sciences ISSN 2550-6978 E-ISSN 2550-	**Scopus**		Anil Babu Bhandari, Arunkumar Acharya, Shrikanth Muralidharan, S Senthilkumar, Ashok Babu Bhandari, S Anupriy	

Karnataka: A cross-sectional stud	696X © 2022. Manuscript submitted: 18 Dec 2021, Manuscript revised: 27 March 2022, Accepted for publication : 09 April 2022 323				

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
Scientific print poster presentation- **Topic-**	**Divya jyothi college of dental sciences and research,**		**2nd December 2018**	

SCHOOL DENTAL HEALTH PROGRAM-INDIA AN AFFORDABLE, ACCESSIBLE ORAL HEALTH CARE **KARMA DAMBHA - YOJANE**	**modinagar Modinagar ,** **Ghaziabad DELHi(23rd IAPHD confersnce**			
Scientific E-Poster Presentation **Theme** **ADVANCING PUBLIC HEALTH DENTISTRY LANDSCAPE IN INDIA**	**Convention attended at New Delhi, MALUNA AZAD OF DENTAL SCIENCES**	**E-Poster Presentarion**	**October 1to 4th 2020**	

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Oral Medicine & Dentistry
Subbaiah Institute of Dental Sciences
NH.13, Purale, Shivamogga-577 2...

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/5/23

B.S. [illegible]

Signature of the Principal

Principal
Subbaiah Institute of Dental Scien
NH-13, H.H. Road, Purle
SHIVAMOGGA-577 222, Karnat

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-2023 Date: 24/3/23

NAME OF THE FACULTY		Dr KAPPALLY SHALMA
Department		Orthodontics and dentofacial orthopedics
Designation		Senior lecture
Age		38 years
Date and Place of birth		24/9/1984 Davangere
Gender		Female
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		OBC
Address for correspondence (with pin code)	Permanent	137, 4th main 3rd cross [illegible] Bhuvanalayout, Yadavarahalli vidyaranyapura post Bangalore
	Temporary	Subbaiah medical college staff quaters purle
Phone no.		9740131394
Email id.		Shalmasittu@gmail.com
Total years of experience	UG	0
	PG	10 months

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	SDC Shimoga RGUHS	2007	20983-A November 2007	KSDC
Post-Graduation:	KCDS Bangalore RGUHS	2021	2098-A October 2021	KSDC
Additional Qualification:	MS counselling and psychotherapy	2015	MSCP3070	Kuvempu university

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor				
Associate Professor	Subbaiah dental College	17/06/2022		10 months
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date: 24-3-2023

NAME OF THE FACULTY		Dr Chilkuri vinusha
Department		Conservative Dentistry
Designation		Senior Lecture
Age		27
Date and Place of birth		9-6-1995. Koppal
Gender		Female
Marital status		Single
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	3rd ward, jangamarakalgudi Koppal
	Temporary	Teaching faculty staff quarters,Subbaiah institute of dental sciences, Shivamogga.
Phone no.		6362307238
Email id.		Vinusha95@gmail.com
Total years of experience	**UG**	6 months
	PG	Nil

EDUCATION AND ACADEMIC BACKGROUND

Degree	Name of the Institution	University	Year & Month of Passing	Speciality	Name of the State Dental Council	*Registration No. of UG & PG with date of Renewal
B.D.S.	PM nadagowda memorial dental college & Hospital bagalkot	RGUHS	June June2017	BDS	KSDC	44174 A December 2023
M.D.S.	PM nadagowda memorial dental college & Hospital bagalkot	RGUHS	June 2022	CONSERVATVE DENTISTRY & ENDODONTICS	KSDC	44174 A December 2023
Any Other						

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	Nil	Nil	Nil	Nil
Senior Lecture	Subbaiah Institute of Dental Sciences	6-10-2022	Till date	

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.
Nil	**Nil**	**Nil**	**Nil**

Guiding UG/PG - Ongoing or completed research projects									
Name of the student		UG/PG; Which year?		Title		Period		Grant/funds if received and amount mobilized	
	Nil		**Nil**		**Nil**		**Nil**		**Nil**

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
Nil	**Nil**	**Nil**	**Nil**

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international
Nil	**Nil**	**Nil**	**Nil**	**Nil**

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
Nil		

Any other extraordinary work done	**Details**
Patent if any.	**Nil**
Contribution/work done to improve dental education.	**Nil**
Participation in affiliated university activities	**Nil**
Participation in DCI activity	**Nil**
Membership of professional bodies/organizations (with positions held, if any)	**Nil**
Would you like to mention anything else significant/noteworthy about yourself:	**Nil**

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality	✓			
2.	Obedience	✓			
3.	Communication skills	✓			
4.	Work knowledge	✓			
5.	Behavior with higher authority	✓			
6.	Behavior with coordinates sub and colleagues	✓			
7.	Sense of hygiene and 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.	✓			

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry & Endodonits
Sri Madhan Institute of Dental Sciences
NH 13, Purale, Shivamogga-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		
4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues		✓		
7.	Sense of hygiene and 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 given(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.	

Principal
Subbaiah Institute of Dental Sciences
NH-13, H.H. Road, Purle
MOGGA-577213, Karnataka

Date: 24/3/23

Signature of the Principal

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-2023 Date: 24-03-2023

NAME OF THE FACULTY		Dr. GANESH SHETTY. V
Department		ORTHODONTICS
Designation		ASSISTANT PROFESSOR
Age		
Date and Place of birth		18/12/1993, MUDIGERE
Gender		MALE
Marital status		MARRIED
Indicate whether belongs to General/SC/ST/OBS/Minority		OBC
Address for correspondence (with pin code)	Permanent	Sri Ganesh METAL STORES M.G. ROAD MUDIGERE, CHIKMAGALUR
	Temporary	Dr. GANESH SHETTY HOSANGADI, HOLEBENAVALI
Phone no.		8277199655
Email id.		shettyganeshv@gmail.com
Total years of experience	UG	2years 3months
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	K.V.G DENTAL COLLEGE, SULLIA RGUHS	2015	38038 A	KARNATAKA STATE
Post-Graduation:	AJ. INSTITUTE OF DENTAL SCIENCES MANGALORE	2020	38038 A	KARNATAKA STATE
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SUBBAIAH	1-12-2020	till date	2years 3months
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Department of Orthodontics
Orthodontics
M.S. Ramaiah Dental College

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

Principal
Subaiah Institute of Dental Sciences
NH-13, H.H. Road, Purle
SHIVAMOGGA-577 222, Karnataka

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date:24-3-2023

NAME OF THE FACULTY		Dr.Deepa K K
Department		Oral Pathology
Designation		Assistant Professor
Age		33years
Date and Place of birth		01/01/1988 Shimoga
Gender		Female
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	#139 BanashankariNilaya 2nd stage 3rd cross Vinobhnagar ,Shimoga 577204
	Temporary	
Phone no.		9964482410
Email id.		Drdeepa1188@gmail.com
Total years of experience	**UG**	3 years 11 months
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	College Of Dental Sciences ,Davangere, RGUHS	2010	26830 A	Karnataka State Dental Council
Post-Graduation:	DAPM RV Dental College ,Bengalore , RGUHS	2018	26830 A	Karnataka State Dental Council
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	Subbaiah Dental	26-4-2019	24-3-2023	3years 11

	College and Hospital ,Shimoga			months
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions

Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	**Details**
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 04/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 04/3/23

Signature of the HOD

Professor and HOD
of Oral Pathology & Microbio
Institute of Dental Scien
Purale, Shivamogga-577 2

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		
4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues		✓		
7.	Sense of hygiene and sanitization		✓		
8.	Sense of duty consciousness		✓		
9.	Sense of institutional belonginess		✓		

10.	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.		✓		

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

Principal

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

Principal

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year: 2022-2023 Date: 24-3-2023

NAME OF THE FACULTY		Dr. Suvarna Chandra Kant Chavan
Department		Conservative dentistry &Endodontics
Designation		Reader
Age		32
Date and Place of birth		28-2-1990
Gender		Female
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	#791, near 5th bus stop, vidyanagar main road, vidyanagar, davanagere
	Temporary	Anugraha",sree sangameshwara nilaya, gurupura 2nd cross, holehonnur road, shivamogga.
Phone no.		9980906209
Email id.		dr.sona628@gmail.com
Total years of experience	**UG**	4 years
	PG	1 years

EDUCATION AND ACADEMIC BACKGROUND

Degree	Name of the Institution	University	Year & Month of Passing	Speciality	Name of the State Dental Council	*Registration No. Of UG & PG with date of Renewal
B.D.S.	GOVERNMENT DENTAL COLLEGE AND RESEARCH INSTITUTE, BALLARI	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES	MARCH 2013		KARNATAKA STATE DENTAL COUNCIL	33613 A 31/12/2022
M.D.S.	BAPUJI DENTAL COLLEGE AND HOSPITAL, DAVANAGERE	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES	AUGUST 2017	CONSERVATIVE DENTISTRY AND ENDODONTICS	KARNATAKA STATE DENTAL COUNCIL	33613 A 31/12/2022

EXPERIENCE:

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	S J M DENTAL COLLEGE AND HOSPITAL, CHITRADURGA	01/09/2017	22/12/2018	1 YEAR, 2 MONTHS, 22 DAYS
	SUBBAIAH INSTITUTE OF DENTAL SCIENCES, SHIVAMOGGA	24/12/2018	11/11/2021	2.9 years
Associate professor/Reader	SUBBAIAH INSTITUTE OF DENTAL SCIENCES, SHIVAMOGGA	12/11/2021	Till date	1.4 years

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Assessment of Apical Extrusion of Debris during Root Canal Preparation with Different Ni-Ti File Systems: An *In Vitro* Study	J Contemp Dent Pract . 2021 Apr 1;22(4):349-352.	**Pubmed**	**Nil**	Abhinav K Singh Suvarna Chandrakant Chavan Anvi Shah Rashmita Parida Nisarga Kansar Sheela Poojary	**Nil**
Publication of books/chapter					

Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.
Nil	**Nil**	**Nil**	**Nil**

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG: Which year?	Title	Period	Grant/funds if received and amount mobilized
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
Nil	**Nil**	**Nil**	**Nil**

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international
Nil	**Nil**	**Nil**	**Nil**	**Nil**

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
Nil	**Nil**	**Nil**

Any other extraordinary work done	**Details**
Patent if any.	**Nil**
Contribution/work done to improve dental education.	**Nil**
Participation in affiliated university activities	**Nil**
Participation in DCI activity	**Nil**
Membership of professional bodies/organizations (with positions held, if any)	**Nil**
Would you like to mention anything else significant/noteworthy about yourself:	**Nil**

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

Sl.no.	**Observations**	**Excellent**	**Good**	**Average**	**Remarks**
1.	Punctuality		**Nil**		
2.	Obedience		**Nil**		
3.	Communication skills		**Nil**		
4.	Work knowledge		**Nil**		
5.	Behavior with higher authority		**Nil**		
6.	Behavior with coordinates sub and colleagues		**Nil**		
7.	Sense of hygiene and sanitization		**Nil**		
8.	Sense of duty consciousness		**Nil**		

9.	Sense of institutional belonginess		**Nil**		
10.	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.		**Nil**		

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry & Endodontics
Malnad Institute of Dental Sciences
NH-13, Purle, Shivamogga-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		
4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues		✓		
7.	Sense of hygiene and 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 given(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: 24/3/23

Signature of the Principal

Principal
Malnad Institute of Dental Sciences
NH-13, H.H. Road, Purle
SHIVAMOGGA-577 222, Karnataka

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date: 24-3-2023

NAME OF THE FACULTY		Dr Shruthdev Naik
Department		Conservative Dentistry
Designation		Senior Lecture
Age		32
Date and Place of birth		14-10-1993. Shimoga
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	S/0 Naveen A L Gadikal, Hirukodige, koppa,Chickmangaluru,577 126
	Temporary	Sai Gandha Nilaya , #33 sharana veeresh layout opposite Ramakrishna Vidyanikethan, Gopala Shimoga
Phone no.		9448653436
Email id.		shruthdev@gmail.com
Total years of experience	**UG**	Nil
	PG	Nil

EDUCATION AND ACADEMIC BACKGROUND

Degree	Name of the Institution	University	Year & Month of Passing	Speciality	Name of the State Dental Council	*Registration No. of UG & PG with date of Renewal
B.D.S.	Bapuji Dental College& Hospital	RGUHS	JULY2015	BDS	KSDC	
M.D.S.	Sharavathi Dental College	RGUHS	JULY 2020	ENDODONTICS	KSDC	
Any Other						

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	Nil	Nil	Nil	Nil
Senior Lecture	Subbaiah Institute of Dental Sciences	21-1-2021	Till date	

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.
Nil	**Nil**	**Nil**	**Nil**

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG: Which year?	Title	Period	Grant/funds if received and amount mobilized
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
Nil	**Nil**	**Nil**	**Nil**

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international
Nil	**Nil**	**Nil**	**Nil**	**Nil**

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
Nil		

Any other extraordinary work done	**Details**
Patent if any.	**Nil**
Contribution/work done to improve dental education.	**Nil**
Participation in affiliated university activities	**Nil**
Participation in DCI activity	**Nil**
Membership of professional bodies/organizations (with positions held, if any)	**Nil**
Would you like to mention anything else significant/noteworthy about yourself:	**Nil**

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality	✓			
2.	Obedience	✓			
3.	Communication skills	✓			
4.	Work knowledge	✓			
5.	Behavior with higher authority	✓			
6.	Behavior with coordinates sub and colleagues	✓			
7.	Sense of hygiene and 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.	✓			

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry & Endodontics
Sri Sai Institute of Dental Sciences
Pillaipakkam, Shivarapatti, Dharmapuri - 636 777 222.

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		
4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues		✓		
7.	Sense of hygiene and 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 given(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: 24/3/23

Signature of the Principal

Principal
..baiah Institute of Dental Sciences
NH-13, H.H. Road, Purle
SHIVAMOGGA-577 222, Karnataka

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date: 24-3-2023

NAME OF THE FACULTY		Dr Hariprasad L
Department		Conservative Dentistry
Designation		Senior Lecture
Age		27
Date and Place of birth		4-1-1996. Shimoga
Gender		Male
Marital status		Single
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	No 142, -B Gangya Nilaya B –Block 5th Cross, Gopala Gowda Extension, Shivamogga.5772025
	Temporary	No 142, -B Gangya Nilaya B –Block 5th Cross, Gopala Gowda Extension, Shivamogga.5772025
Phone no.		8277554497
Email id.		Hariprasadl6789@gmail.com
Total years of experience	**UG**	4 months
	PG	Nil

EDUCATION AND ACADEMIC BACKGROUND

Degree	Name of the Institution	University	Year & Month of Passing	Speciality	Name of the State Dental Council	*Registration No. of UG & PG with date of Renewal
B.D.S.	Govt Dental college Bellary	RGUHS	June 2017	BDS	KSDC	43095-A June 2017
M.D.S.	Govt Dental college Bangalre	RGUHS	JULY 2020	CONSERVATIVE DENTISTRY& ENDODONTICS	KSDC	June 2022
Any Other						

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	Nil	Nil	Nil	Nil
Senior Lecture	Subbaiah Institute of Dental Sciences	1-12-2022	Till date	

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.
Nil	**Nil**	**Nil**	**Nil**

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
Nil	**Nil**	**Nil**	**Nil**

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international
Nil	**Nil**	**Nil**	**Nil**	**Nil**

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
Nil		

Any other extraordinary work done	**Details**
Patent if any.	**Nil**
Contribution/work done to improve dental education.	**Nil**
Participation in affiliated university activities	**Nil**
Participation in DCI activity	**Nil**
Membership of professional bodies/organizations (with positions held, if any)	**Nil**
Would you like to mention anything else significant/noteworthy about yourself:	**Nil**

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality	✓			
2.	Obedience	✓			
3.	Communication skills	✓			
4.	Work knowledge	✓			
5.	Behavior with higher authority	✓			
6.	Behavior with coordinates sub and colleagues	✓			
7.	Sense of hygiene and 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.	✓			

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry & Endodontis
S. Nijalingappa Institute of Dental Sciences
No. 33, Purale, Shimoga-577 222

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		
4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues		✓		
7.	Sense of hygiene and 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 given(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: 24/3/23

B.S. Sunil

Signature of the Principal

Principal
Malah Institute of Dental Sciences
NH-13, H.H. Road, Purle
SHIVAMOGGA-577 222, Karnataka

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date: 24-3-2023

NAME OF THE FACULTY		Dr. Kusuma
Department		Conservative Dentistry& Endodontics.
Designation		Reader
Age		41
Date and Place of birth		1-7-1981
Gender		Male
Marital status		Single
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	# 508, besntageri, Chamaraja double road, Mysore. Karnataka. 570024
	Temporary	Flat no G 2, A block, Teaching staff quarters. Subbaiah Institute of dental sciences. Pulae. Shivamogga. 577222.
Phone no.		9036859470
Email id.		kusumasunil@yahoo.com
Total years of experience	**UG**	6
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Degree	Name of the Institution	University	Year & Month of Passing	Speciality	Name of the State Dental Council	*Registration No. of UG & PG with date of Renewal
B.D.S.	Coorg Institute of dental sciences, Virajpet	RGUHS	October 2007		KSDC	KSDC 27727 A December
M.D.S.	JSS dental college Mysore	JSS university	April 2014	Conservative Dentistry and	KSDC	27727 A April 2014

				Endodontics		
Any Other						

EXPERIENCE:

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	Subbaiah Institute of Dental Sciences, Shivamogga	2-11-2015	20-01-2021	5.2 years
Reader	Subbaiah Institute of Dental Sciences, Shivamogga	21-01-2021	Till Date	2 year 2 months

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Nil	**Nil**	Nil	Nil	**Nil**	Nil

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
	Nil	**Nil**	**Nil**	**Nil**

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.
	Nil	**Nil**	**Nil**

Guiding UG/PG - Ongoing or completed research projects				
Name of the	UG/PG;	Title	Period	Grant/funds if received

student	Which year?			and amount mobilized
	Nil	**Nil**	**Nil**	**Nil**

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
	Nil	**Nil**	**Nil**	**Nil**

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
	Nil	**Nil**	**Nil**

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international
	Nil	**Nil**	**Nil**	**Nil**

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
Nil	**Nil**	**Nil**

Any other extraordinary work done	**Details**
Patent if any.	**NIL**
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry & Endodontics
Sri Sai Ram Institute of Dental Sciences
Vidyanagar, Shimoga-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date: 24-3-2023

NAME OF THE FACULTY		Dr T N Patil
Department		Conservative Dentistry
Designation		Senior Lecture
Age		32
Date and Place of birth		09th August 1990, Shimoga
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	Dr T N Patil, Pushpa Nilaya, 1st Stage , 3rd Cross, Vinobhanagara, Shimoga 577204
	Temporary	Dr T N Patil, Pushpa Nilaya, 1st Stage , 3rd Cross, Vinobhanagara, Shimoga 577204
Phone no.		810813281
Email id.		dr.tnpatil@yahoo.in
Total years of experience	**UG**	4 Years
	PG	Nil

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	Bapuji Dental college and Hospital. RGUHS	2008-2013	32275 A 2013	Karnataka State Dental Council
Post-Graduation:	P M N M Dental College and Hospital	2014-2017	32275 A 2017	Karnataka State Dental Council
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				

Senior Lecture	Subbaiah Institute of Dental Sciences	October 13 2017	11th November 2022	4.1 Years
Associate professor/Reader	Subbaiah Institute of Dental Sciences	12th November 2022	Till date	

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.
Nil	**Nil**	**Nil**	**Nil**

Guiding UG/PG - Ongoing or completed research projects									
Name of the student		UG/PG; Which year?		Title		Period		Grant/funds if received and amount mobilized	
	Nil		**Nil**		**Nil**		**Nil**		**Nil**

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
Nil	**Nil**	**Nil**	**Nil**

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international
Nil	**Nil**	**Nil**	**Nil**	**Nil**

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
Nil		

Any other extraordinary work done	Details
Patent if any.	**Nil**
Contribution/work done to improve dental education.	**Nil**
Participation in affiliated university activities	**Nil**
Participation in DCI activity	**Nil**
Membership of professional bodies/organizations (with positions held, if any)	**Nil**
Would you like to mention anything else significant/noteworthy about yourself:	**Nil**

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

Date: 24/3/23

T. N. Patil.
Signature of the staff member

Observation of the Head of the Department

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality	✓			

2.	Obedience	✓			
3.	Communication skills	✓			
4.	Work knowledge	✓			
5.	Behavior with higher authority	✓			
6.	Behavior with coordinates sub and colleagues	✓			
7.	Sense of hygiene and 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.	✓			

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry & Endodontits
Subbaiah Institute of Dental Sciences
NH 13, Purale, Shi... 77 222.

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		
4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues		✓		
7.	Sense of hygiene and 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 given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date: 24-3-2023

NAME OF THE FACULTY		Dr Chethan L
Department		Conservative Dentistry
Designation		Senior Lecture
Age		37
Date and Place of birth		24-3-1986. Bangalore
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	S/O Lingrajae Gowda YN, # 71, 5th Main, 5th Cross, ,Hampi Nagar, Vijay Nagar, 2nd stage, Bangalore, 560040.
	Temporary	Subbaiah institute of dental sciences Staff Quarters Shivamogga.577222.
Phone no.		9964948502
Email id.		Chethangowda86@gmail.com
Total years of experience	**UG**	Nil
	PG	Nil

EDUCATION AND ACADEMIC BACKGROUND

Degree	Name of the Institution	University	Year & Month of Passing	Speciality	Name of the State Dental Council	*Registration No. of UG & PG with date of Renewal
B.D.S.	MS Ramaiah Dental College, Bangalore.	RGUHS	29th March, 2010		KSDC	27656 -A, October, 2010
M.D.S.	VS Dental College and Hospital, Bangalore.	RGUHS	12th April, 2017	Conservative dentistry and Endodontics	KSDC	27656 -A, JULY 2017

EXPERIENCE:

Position	Name of Institution	From	To	Total Experience
Tutor	Nil	Nil	Nil	Nil
Lecturer/Asst. Professor	SUBBAIAH INSTITUTE OF DENTAL SCIENCE	2/11/2021	TILL DATE	
Reader/Associate Professor				
Professor				
Professor/Head				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.
Nil	**Nil**	**Nil**	**Nil**

Guiding UG/PG - Ongoing or completed research projects									
Name of the student		UG/PG; Which year?		Title		Period		Grant/funds if received and amount mobilized	
	Nil		**Nil**		**Nil**		**Nil**		**Nil**

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
Nil	**Nil**	**Nil**	**Nil**

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international
Nil	**Nil**	**Nil**	**Nil**	**Nil**

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
Nil		

Any other extraordinary work done	**Details**
Patent if any.	**Nil**
Contribution/work done to improve dental education.	**Nil**
Participation in affiliated university activities	**Nil**
Participation in DCI activity	**Nil**
Membership of professional bodies/organizations (with positions held, if any)	**Nil**
Would you like to mention anything else significant/noteworthy about yourself:	**Nil**

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality	✓			
2.	Obedience	✓			
3.	Communication skills	✓			
4.	Work knowledge	✓			
5.	Behavior with higher authority	✓			
6.	Behavior with coordinates sub and colleagues	✓			
7.	Sense of hygiene and 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.	✓			

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry & Endodontics
Institute of Dental Sciences
Davangere-Shivamogga-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		
4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues		✓		

7.	Sense of hygiene and 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 given(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: 24/3/23

B.S.

Signature of the Principal

Principal
...ah Institute of Dental Sciences
NH-13, H.H. Road, Purle
SHIVAMOGGA-577 222, Karnataka

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date: 24-3-2023

NAME OF THE FACULTY		Dr. Anand Kumar
Department		Conservative Dentistry& Endodontics.
Designation		Reader
Age		37
Date and Place of birth		12-7-1985
Gender		Male
Marital status		Single
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	SHEETAL APARTMENTS , FIRST FLOOR , A-1, VADIRAJ NAGAR, NEAR ULLAL HOSPITAL , MANGALORE-575 002
	Temporary	#T-3 ,STAFF QUARTERS, B-BLOCK, SUBBAIAH INSTITUTE OF DENTAL SCIENCES, HOLEHONNUR ROAD, PURLE , SHIVAMOGGA- 577222
Phone no.		8105869068
Email id.		anandkv619@gmail.com
Total years of experience	**UG**	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Degree	Name of the Institution	University	Year & Month of Passing	Speciality	Name of the State Dental Council	*Registration No. of UG & PG with date of Renewal
B.D.S.	A.B.SHETTY MEMORIAL INSTITUE OF DENTAL SCIENCES	R.G.U.H.S.	25TH SEPTEMBER 2009	B.D.S	K.S.D.C	24,639-A
M.D.S.	A.J.INSTITUTE OF DENTAL SCIENCES	R.G.U.H.S	22ND JULY 2015	CONSERVATIVE DENTISTRY AND ENDODONTICS	K.S.D.C	24,639-A

EXPERIENCE:

Position	Name of Institution	From	To	Total Experience
Tutor		Nil		N/A
Lecturer/Asst. Professor	SUBBAIAH INSTITUTE OF DENTAL SCIENCES , SHIVAMOGGA	27/07/2015	Till date	4 years
Reader/Associate Professor	SUBBAIAH INSTITUTE OF DENTAL SCIENCES , SHIVAMOGGA	28/07/2019	Till date	3 years 7 months

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
	Nil	**Nil**	**Nil**	**Nil**

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.
	Nil	**Nil**	**Nil**

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized
	Nil	**Nil**	**Nil**	**Nil**

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
	Nil	**Nil**	**Nil**	**Nil**

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
	Nil	**Nil**	**Nil**

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international
	Nil	**Nil**	**Nil**	**Nil**

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
Nil	**Nil**	**Nil**

Any other extraordinary work done	**Details**
Patent if any.	**NIL**
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry &
Endodontics
Sri Sai Ganesh Institute of Dental Sciences
Chikballapur, Karnataka-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

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

	details of the notice given.				

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date: 24-3-2023

NAME OF THE FACULTY		Dr Sannidhi Hegde
Department		Conservative Dentistry
Designation		Senior Lecture
Age		30
Date and Place of birth		25-2-1992. Dharwad
Gender		Female
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	Samrudhi Mahindrakat Chawl, near KC park, Dharwad,Karnataka-580008
	Temporary	F4 B Block staff quarters, Subbaiah Institute of dental science, NH13,. Purle, Shivamogga.577222
Phone no.		9008701702
Email id.		sannidhishegde@gmail.com
Total years of experience	**UG**	Nil
	PG	Nil

EDUCATION AND ACADEMIC BACKGROUND

Degree	Name of the Institution	University	Year & Month of Passing	Speciality	Name of the State Dental Council	*Registration No. of UG & PG with date of Renewal
B.D.S.	SDMC DSH Dharwad	RGUHS	JUNE 2014		KSDC	36919A 10TH MARCH 2016
M.D.S.	SDMC DSH Dharwad	RGUHS	MAY 2019	ENDODONTICS	KSDC	36919A 2ND JULY 2019
Any Other						

EXPERIENCE:

Position	Name of Institution	From	To	Total Experience
Tutor	Nil	Nil	Nil	Nil
Lecturer/Asst. Professor	SUBBAIAH INSTITUTE OF DENTAL SCIENCE	21/01/2021	TILL DATE	
Reader/Associate Professor				
Professor				
Professor/Head				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.
Nil	**Nil**	**Nil**	**Nil**

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
Nil	**Nil**	**Nil**	**Nil**

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international
Nil	**Nil**	**Nil**	**Nil**	**Nil**

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
Nil		

Any other extraordinary work done	Details
Patent if any.	**Nil**
Contribution/work done to improve dental education.	**Nil**
Participation in affiliated university activities	**Nil**
Participation in DCI activity	**Nil**
Membership of professional bodies/organizations (with positions held, if any)	**Nil**
Would you like to mention anything else significant/noteworthy about yourself:	**Nil**

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

Date: 29/3/23

Signature of the staff member

Observation of the Head of the Department

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality	✓			
2.	Obedience	✓			
3.	Communication skills	✓			
4.	Work knowledge	✓			
5.	Behavior with higher authority	✓			
6.	Behavior with coordinates sub and colleagues	✓			
7.	Sense of hygiene and 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.	✓			

Date: 29/3/23

Signature of the HOD

Head of the Department
Conservative Dentistry & Endodontits
Institute of Dental Sciences
No.13, Purale, Shivamogga-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		
4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues		✓		

7.	Sense of hygiene and 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 given(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: 29/3/23

B. S. [illegible]

Signature of the Principal

Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-2023 Date:24-3-2023

NAME OF THE FACULTY		Dr Shashank S N
Department		Conservative and Endodontics
Designation		Senior Lecture
Age		31 years
Date and Place of birth		13th July 1991, Shimoga
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	House no.313 Basvanagudi 1st cross, near Mallikarjuna temple, Shimoga-577201
	Temporary	-
Phone no.		9611432989
Email id.		Shanka1307@gmail.com
Total years of experience	**UG**	5 years
	PG	Nil

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	D. A. P. M. R. V. Dental College R. G. U. H. S.	2013	35198 A 02/5/2015	K. S. D. C
Post-Graduation:	College of Dental Sciences, Davangere	2018	35198 A 25/7/2018	K. S. D. C
Additional Qualification:	-	-	-	-

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	-	-	-	-

Assistant Professor	Subbaiah Institute of Dental Sciences & Research	18th March 2019	Till date	3 years 11 months
Associate Professor	-	-	-	-
Professor	-	-	-	-
Any other professional experience	-	-	-	-

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
A survey among dentists in India to identify their favored materials for the fabrication of tooth-supported single crowns depending on the location of the abutment teeth and the preparation margin.	**International Journal of Oral Care and Research. 2022;10(4):81-85**	**Index Copernicus**	**NIL**	**DR ARUNKUMAR TALKAL,DR NEHA VIJAYKUMAR, DR MAHESH C SWAMY, DR SHASHANK S N, DR HARSHITHA PATIL H G, DR. SHRUTHI M S**	**https://www.ijpcdr.org/**

A study to evaluate the preferences of dentists for the materials chosen to restore endodontically treated teeth and the influence of both clinical experience and level of specialization on the dentist's choice of posts	**International Journal of Preventive and Clinical Dental Research. 2022;9(4):95-98**	**Index Copernicus**	**NIL**	**Arun Kumar Talkal, Ushma Hardik Prajapati, SN Shashank, Mahesh C Swamy, H G Harshitha Patil, Mahesh Kumar Reddy**	**https://www.ijpcdr.org/**

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions

Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	**Details**
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

Are you satisfied	**1**	**2**	**3**	**4** ✓	**5**

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry &
Endodontics
Malabar Institute of Dental Sciences
Kannur, Shiyamcheri 689 577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		
4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues		✓		
7.	Sense of hygiene and sanitization		✓		
8.	Sense of duty consciousness		✓		

9.	Sense of institutional belonginess				
10.	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.				

Overall Performance:

Final Grade to be given(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.**	B.S.

Date: 24/3/23

Signature of the Principal

Principal

...baiah Institute of Dental Sciences
NH-13, H.H. Road, Purle
SUR... 577 222, Karnataka

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date:27/03/23

NAME OF THE FACULTY		**Dr Arvind Sridhara**
Department		**Pedodontics And Preventive Dentistry**
Designation		**Associate Professor**
Age		**34 years**
Date and Place of birth		**26-07-1988 Bangalore**
Gender		**Male**
Marital status		**Married**
Indicate whether belongs to General/SC/ST/OBS/Minority		**General**
Address for correspondence (with pin code)	**Permanent**	**#266, 3rd stage,4th block, 7th C Main, Basaveshwaranagar, Bengaluru 560079**
	Temporary	**F&, B-Block, Staff QTRS,NH-13 SIDS campus,Shivamogga**
Phone no.		**+91 8618237499**
Email id.		email2aru88@gmail.com
Total years of experience	**UG**	9 years 8 months
	PG	5 years 8 months

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	GOVERNMENT DENTAL COLLEGE AND RESEARCH INSTITUTE RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES KARNATAKA	JULY 2012	32936 A	KARNATAKA STATE DENTAL COUNCIL
Post-Graduation:	AECS MAARUTI COLLEGE OF DENTAL SCIENCES & RESEARCH CENTER RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES KARNATAKA	JULY 2017	32936 A	KARNATAKA STATE DENTAL COUNCIL
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SRI SIDDHARTHA DENTAL COLLEGE, TUMKUR SUBBAIAH DENTAL COLLEGE, SHIMOGA	13/11/2017 01/01/2021	17/11/2020 01/01/2022	3 years 5days 1 year
Associate Professor	SUBBAIAH DENTAL COLLEGE, SHIMOGA	02/01/2022	Till date	1 year 2 months 28 days
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
Textbook of pediatric dentistry	**JAYPEE**	5TH EDITION 2023	4	NIL

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Aravind Siddlare

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Paedodontics & Preventive Dentistry
Subbaiah Institute of Dental Sciences
NH.13, Purple [illegible] 577 222

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date: 24-3-2023

NAME OF THE FACULTY		Dr Amogh Varsha L
Department		Conservative Dentistry
Designation		Senior Lecture
Age		32
Date and Place of birth		14-10-1993, Shimoga
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	No 111, Opposite sahyadri college, Vidya nagar, Shimogga.
	Temporary	No 111, Opposite sahyadri college, Vidya nagar, Shimogga.
Phone no.		8884988696
Email id.		varshaamogh@gmail.com
Total years of experience	**UG**	8 months
	PG	Nil

EDUCATION AND ACADEMIC BACKGROUND

Degree	Name of the Institution	University	Year & Month of Passing	Speciality	Name of the State Dental Council	*Registration No. of UG & PG with date of Renewal
B.D.S.	SJM Dental College Chitradurga \	RGUHS	JULY2016	BDS	KSDC	41845A December
M.D.S.	SJM Dental College Chitradurga	RGUHS	SEPT 2022	CONSERVATIVE DENTISTRY & ENDODONTICS	KSDC	41845A October
Any Other						

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	Nil	Nil	Nil	Nil
Senior Lecture	Subbaiah Institute of Dental Sciences	21-1-2021	Till date	

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.
Nil	**Nil**	**Nil**	**Nil**

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Paper/poster presentations at any conference/conventions

Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
Nil	**Nil**	**Nil**	**Nil**

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international
Nil	**Nil**	**Nil**	**Nil**	**Nil**

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
Nil		

Any other extraordinary work done	**Details**
Patent if any.	**Nil**
Contribution/work done to improve dental education.	**Nil**
Participation in affiliated university activities	**Nil**
Participation in DCI activity	**Nil**
Membership of professional bodies/organizations (with positions held, if any)	**Nil**
Would you like to mention anything else significant/noteworthy about yourself:	**Nil**

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality	✓			
2.	Obedience	✓			
3.	Communication skills	✓			
4.	Work knowledge	✓			
5.	Behavior with higher authority	✓			
6.	Behavior with coordinates sub and colleagues	✓			
7.	Sense of hygiene and 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.	✓			

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry &
Endodontics
Subbaiah Institute of Dental Sciences
Shimoga-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		
4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues		✓		
7.	Sense of hygiene and 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 given(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: 24/3/23

Signature of the Principal

Principal
...aiah Institute of Dental Sciences
NH-13, H.H. Road, Purle
SHIVAMOGGA-577 222, Karnataka

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date:24/03/23

NAME OF THE FACULTY		Dr DHANU G
Department		PEDIATRIC & PREVENTIVE DENTISTRY
Designation		PROFESSOR
Age		49 YEARS
Date and Place of birth		09-05-1974
Gender		MALE
Marital status		MARRIED
Indicate whether belongs to General/SC/ST/OBS/Minority		
Address for correspondence (with pin code)	**Permanent**	#182,SREE GANESH TELECOM LAYOUT K P AGRAHARA BANGALORE 560023
	Temporary	#F7 B BLOCK ,STAFF QUARTERS,PURLE NH13 ,SHIVAMOGGA
Phone no.		9845031755
Email id.		Drdhanu74@yahoo.co.in
Total years of experience	**UG**	24yrs 01 months
	PG	20 yrs

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	SDM COLLEGE OF DENTAL SCIENCES, DHARWAD KARNATAKA UNIVERSITY	MAY 1995	3735 A 22-07-1996	KARATAKA STATE DENTAL COUNCIL
Post-Graduation:	SDM COLLEGE OF DENTAL SCIENCES, DHARWAD RGUHS	MARCH 1999	3735 A 16-09-1999	KARATAKA STATE DENTAL COUNCIL
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SDM DENTAL COLLEGE ,DHARWAD	01-04-1999	30-06-1999	0YRS 3 MONTHS
	SIDDHARTHA DENTAL COLLEGE ,TUMKUR	01-07-1999	31-03-2002	2 YRS 8 MONTHS
	SIDDHARTHA DENTAL COLLEGE ,TUMKUR	01-04-2002	21-06-2002	0 YRS 2 MONTHS
Associate Professor	M S RAMAIAH DENTAL COLLEGE	22-06-2002	31-05-2007	5 YRS
Professor	M S RAMAIAH DENTAL COLLEGE, BANGALORE	01-06-2007	31-08-2009	2 YRS 3 MONTHS
	KRISHNADEVARAYA DENTAL COLLEGE ,BANGALORE	01-09-2009	31-08-2013	4 YRS
	AME'S DENTAL COLLEGE & HOSPITAL ,RAICHUR	01-09-2013	20-03-2021	7 YRS 7 MONTHS
	SUBBAIAH DENTAL COLLEGE ,SHIMOGA	23-03-2021	TILL DATE	3 YRS
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
PEDIATRIC DENTIST ATTIRE AND RELATIONSHIP WITH ANXIETY IN CHILDREN AND PARENTS DURING COVID 19 PANDEMIC	BRAZILIAN JOURNAL OF ORAL SCIENCES VOLUME 21 2022			1.RAGHAVENDRA HAVALE 2.DHANU G RAO 3.SHRUTHA S P 4.IRIN MATHEW 5.NAMRATHA THARAY 6.KAUSAR E TAJ 7.KANCHAN M TUPPADMATH	NO
AN ALLERGIC LOSS AT CHROMOSOME 9p21 TO DETERMINE ORAL POTENTIALLY MALIGNANT DISORDERS - A NONINVASIVE GENETIC SCREENING TECHNIQUE	NEUROQUANTOLOGY VOLUME 20 ISSUE 21 PAGE 658-667 DECEMBER 2022			1.DR PRAHALAD HUNSIGI 2.DR DNSV RAMESH 3.DR DHANU G 4.DR SHIVANAND ASPALLI 5.DR SHINY RAJ R 6.DR PRADEEP M R	NO
ESTIMATION OF FLOURIDE UPTAKE IN SOIL AND STAPLE FOOD CROPS PRODUCED IN HIGHLY FLOURIDATED AND NON FLOURIDATED REGIONS OF RAICHUR DISTRICT, KARNATAKA	JOURNAL OF FAMILY MEDICINE AND PRIMARY CARE 22-07-2022 VOLUME 11.ISSUE 7 PAGE 3546-3552			1.RAGHAVENDRA HAVALE 2.DHANU G RAO 3. SHRUTHA S P 4. KAUSAR E TAJ 5.SHINY RAJ 6. NAMRATHA THARAY 7.KANCHAN M TUPPADMATH 8. IRIN MATHEW	NO
COMPARATIVE EVALUATION OF NOVEL HERBAL RICE HUSK MOUTHWASH WITH KIDODENT AGAINST STRETOCOCCUS MUTANS A PARALLEL DOUBLE BLINDED RANDOMISED CONTROL TRIAL	INTERNATIONAL JOURNAL OF CLINICAL PEDIATRIC DENTISTRY VOL15 ISSUE 3 MAY-JUNE 2022				NO

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
	42ND NATIONAL ISPPD CONFERENCE(VIRTUAL) PEDO'DISHA 25TH-29TH NOVEMBER 2021	SCIENTIFIC PAPER		
	43RD NATIONAL ISPPD CONFERENCE PEDOTAAL 24TH-26TH NOVEMBER 2022 BHOPAL	SCIENTIFIC PAPER		BEST PAPER AWARD

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
43RD NATIONAL ISPPD CONFERENCE PEDOTAAL	24TH-26TH NOVEMBER 2022	BHOPAL
DENTISTS CONVENTION 2022	03RD SEPTEMBER 2022	BANGALORE
48TH KARNATAKA STATE & 7TH INTER STATE DENTAL CONFERENCE	2ND 3RD 4TH DECEMBER 2022	KALABURAGI

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Principal
Sri Sai Institute of Dental Sciences
Kalburgi

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Paedodontics & Preventive Dentistry
Subbaiah Institute of Dental Sciences
NH.13, Purle, Shivamogga-577 222.

SOverall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-23 Date: 24-03-2023

NAME OF THE FACULTY		Dr Hridya M Menon
Department		Pediatric & preventive dentistry
Designation		Senior lecturer
Age		34
Date and Place of birth		17-08-88
Gender		Female
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	Krishna Padmam Amayur post Pattambi-679303, Kerala
	Temporary	Staff quarters, ablock
Phone no.		9809243424
Email id.		hridya787@gmail.com
Total years of experience	**UG**	1 year 6 months
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	Royal Dental College , Palakkad Calicut university	2013	11264 (20-01-2014)	KDC
Post-Graduation:	Divya jyoti college of dental sciences , Ghaziabad	2020	11264 (18-09-2021)√	KDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	Suids, shimoga	01/09/2021	Till date	1 year 6 months

Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Recent advances in local anaesthesia	**International journal of advanced research**	**Scopus**		**Hridya m menon , Shipra jaidika, Rani somani**	
Together Towards eradicating dental quackery in India	**Acta scientific dental**	**Google scholar**		**Harsha S Kawre, Hridya M Menon**	

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the	UG/PG;	Title	Period	Grant/funds if received

student	Which year?			and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
Sugar war	**IDA North delhi branch**	**Review paper**	**16-09-2017**	**1st prize**
Tooth abuse	**IAPHD conference**	**Scientifc paper**	**2nd December 2018**	**Best paper**
Tooth abuse -Said & unsaid Devastation	**Pedocon**	**Paper**	**24th-26th October 2018**	
Photodynamictherapy	Pedovention, Vadodara	Poster	Feb 2017	

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
Special Olympics Bharath -karnataka -special smiles	**07-04-2022**	**Sagar, Karnataka**

Any other extraordinary work done	**Details**

Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Paedodontics & Preventive Dentistry
Subbaiah Institute of Dental Sciences
NH 206 Bypass, Shimoga - 577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		
4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and		✓		

	colleagues		✓		
7.	Sense of hygiene and sanitization		✓		
8.	Sense of duty consciousness		✓		
9.	Sense of institutional belonginess		✓		
10.	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.		✓		

Overall Performance:

Final Grade to be given(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: 24/3/23

B.S. [illegible]

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2023 Date: 24/03/2023

NAME OF THE FACULTY		DR PAVITHRA V RAO
Department		Pediatric & preventive dentistry
Designation		Assisstant professor
Age		27 years
Date and Place of birth		08.05.1995; Mangalore
Gender		Female
Marital status		Unmarried
Indicate whether belongs to General/SC/ST/OBS/Minority		General.
Address for correspondence (with pin code)	Permanent	2/21/1628, "RAM NIVAS" Pavshill, mangalore 575006
	Temporary	F-4, teaching faculty A Block, SUIDS, Purle, Shimoga - 577222
Phone no.		9901571112
Email id.		pavithravr@gmail.com
Total years of experience	UG	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	GDCRI, Bangalore RGUHS	2013 - 18	13D4624 Jun 17	Karnataka State dental council
Post-Graduation:	KVGDCH, Sullia RGUHS	2019-21	19ea402 Jun 21	Karnataka State Dental council
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	–			
Assistant Professor	Subbaiah Dental college	01.09.2022	TILL	DATE
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers

Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
- Case report: Pre ortho trauma	IJPR, 2022			Ramesh, Santha, Pavithra	
- Evaluation of dietary & oral hygiene practice	IJCR, 2021			Santha, Krishnamoorthy, Saipana, Pavithra	
- Resin infiltration	IJCR, 2020			Santha, Nandan, Pavithra	
- Child friendly work	IJDSIR, 2020			Santha, Krishnamoorthy, Mercy, Pavithra	
- Knowledge on COVID	IJDSIR, 2020			Santha, Nandan, Pavithra	

Publication of books/chapter

Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
- Sports Dentistry	Lambert	2020	3	

Ongoing or completed research projects

Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects

Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions

Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
- ECC	pedovibes, ISPPD	- poster	2019.	
- Luxa - case report	Pedodontha, ISPPD	paper.	2021	

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/5/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry & Preventive Dentistry
Subbaiah Institute of Dental Sciences
NH-13, H.H. Road, Purle, Shivamogga-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022 - 2023. Date: 24/03/2023.

NAME OF THE FACULTY		DR. T. MAHANTESHA. T
Department		Pedodontics
Designation		Professor
Age		51
Date and Place of birth		3/3/1972, Chitradurga
Gender		male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	Permanent	
	Temporary	
Phone no.		9945955550
Email id.		drmahantesht@gmail.com
Total years of experience	UG	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	S.J.M. Dental College Kuppam University	1996	4041-A	KSDC
Post-Graduation:	PMNMDC RGUHS	2001	4041-A	KSDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	PMNM Dental college	9-11-2001	4-01-2003	1yr 02 month
Assistant Professor	Goa Davangere Bapuji	6-01-2003 15-03-2005	12-03-2005 31-10-2009	02 month 4yr 08 month
Associate Professor	Bapuji Dental College Navodaya Dental college	1-11-2009 19-04-2008	18-04-2008 31-10-2009	2yr 6 month 1yr 6 month.
Professor	Navodaya Dental college Raichur	1-11-2009	1-09-2014	4yr 10 month.
Any other professional experience	Prof & Head Navodaya Dental college Raichur PMNM Dental college Bagalkot Subbaiah College	20-09-2014 23-09-2015 2-5-2022	22-09-2015 30-04-2022 Till date.	1yr 1 month 6yr 7 month —

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/13

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Paedodontics & Preventive Dentistry
Subbaiah Institute of Dental Sciences
Purle, Shivamogga-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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 indivjdual is performing at a level below the requirements of the role in some aspects.	✓
V	Performance is unacceptable at this level.	

Date: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-23 DATE:24/03/2023

NAME OF THE FACULTY		Dr.PRIYANKA MADHAVAN
Department		ORAL PATHOLOGY AND MICROBIOLOGY
Designation		ASSISTANT PROFESSOR
Age		28
Date and Place of birth		27/03/1994, COIMBATORE
Gender		FEMALE
Marital status		SINGLE
Indicate whether belongs to General/SC/ST/OBS/Minority		GENERAL
Address for correspondence (with pin code)	**Permanent**	13/PV7, SABARI NESTLE, BARATI PARK, NARASIMHA MILLS, COIMBATORE - 641031
	Temporary	STAFF QUARTERS, SUBBAIAH INSTITUTE OF DENTAL SCIENCES
Phone no.		8749046571
Email id.		say2drpri@gmail.com
Total years of experience	**UG**	10 MONTHS
	PG	0

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	RVS DENTAL COLLEGE AND HOSPITAL	2016	23769	TNDC
Post-Graduation:	YENEPOYA DENTAL COLLEGE	2022	23769	TNDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	-	-	-	-
Senior Lecturer	SUBBAIAH INSTITUTE OF DENTAL SCIENCE	27/05/2022	TILL DATE	10 MONTHS
Associate Professor[READER]				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
Cytotoxic effect of *Ocimum Sanctum* and *Curcuma longa* extract combination on Oral squamous cell carcinoma: An *in-vitro* study	**OOO conclave, organized by pushpagiri institute of dental sciences 8th,9th and 10th march,2023**	**Paper**	**8th march 2023**	**First prize**

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
OOO conclave, organized by pushpagiri institute of dental sciences	**8th, 9th, 10th march 2023**	**Online**

Any other extraordinary work done	**Details**
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if	

any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 20/3/2023

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Professor and HOD
Dept. of Oral Pathology & Microbiology
Subbaiah Institute of Dental Sciences
NH-13, Purle, Shivamogga-577 222

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date: 24-3-2023

NAME OF THE FACULTY		Dr Nayana V Vaipan
Department		Conservative Dentistry
Designation		Senior Lecture
Age		28yrs
Date and Place of birth		16-2-1994, Shimoga
Gender		Female
Marital status		Single
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	Vaipana post, Mundajae post, Belthangday taluck, Dakshina Kannada, Karnataka, 574228.
	Temporary	Sai Gandha Nilaya , #33 sharana veeresh layout opposite Ramakrishna Vidyanikethan, Gopala Shimoga
Phone no.		7760927766
Email id.		nayanavincentvaipana@gmail.com
Total years of experience	**UG**	9 Months
	PG	Nil

EDUCATION AND ACADEMIC BACKGROUND

Degree	Name of the Institution	University	Year & Month of Passing	Speciality	Name of the State Dental Council	*Registration No. of UG & PG with date of Renewal
B.D.S.	KVG Dental College& Hospital, Sullia.	RGUHS	JUNEY2016	BDS	KSDC	41086 –A June 2016
M.D.S.	College of dental surgery , Davangere	RGUHS	JUNE 2022	CONSERVATIVE DENTISTRY & ENDODONTICS	KSDC	41086-A June 2022
Any Other						

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	Nil	Nil	Nil	Nil
Senior Lecture	Subbaiah Institute of Dental Sciences	11-7-2022	Till date	

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**	**Nil**

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.
Nil	**Nil**	**Nil**	**Nil**

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
Nil	**Nil**	**Nil**	**Nil**	**Nil**

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
Nil	**Nil**	**Nil**	**Nil**

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international
Nil	**Nil**	**Nil**	**Nil**	**Nil**

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
Nil	**Nil**	**Nil**

Any other extraordinary work done	**Details**
Patent if any.	**Nil**
Contribution/work done to improve dental education.	**Nil**
Participation in affiliated university activities	**Nil**
Participation in DCI activity	**Nil**
Membership of professional bodies/organizations (with positions held, if any)	**Nil**
Would you like to mention anything else significant/noteworthy about yourself:	**Nil**

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality	✓			
2.	Obedience	✓			
3.	Communication skills	✓			
4.	Work knowledge	✓			
5.	Behavior with higher authority	✓			
6.	Behavior with coordinates sub and colleagues	✓			
7.	Sense of hygiene and 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.	✓			

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry & Endodontics
Sri Balaji Institute of Dental Sciences
No.13, Bypass, Shivarapatna, Kolar 222.

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		
4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues		✓		
7.	Sense of hygiene and 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 given(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.**	

B.S.

Date: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-23 DATE:24/03/2023

NAME OF THE FACULTY		Dr.MITHUN K M
Department		ORAL PATHOLOGY AND MICROBIOLOGY
Designation		PROFESSOR
Age		36
Date and Place of birth		19/11/1985,DAVANGERE
Gender		MALE
Marital status		MARRIED
Indicate whether belongs to General/SC/ST/OBS/Minority		OTHERS
Address for correspondence (with pin code)	**Permanent**	SHARAVATHI NAGAR,10TH CROSS, A BLOCK, SHIMOGA
	Temporary	SHARAVATHI NAGAR,10TH CROSS, A BLOCK, SHIMOGA
Phone no.		9844032407
Email id.		mithukm@gmail.com
Total years of experience	**UG**	9 YEARS 4 MONTHS
	PG	0

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	COLLEGE OF DENTAL SCIENCE, DAVANGERE	2003	25782 A 19th MARCH 2010	KSDC
Post-Graduation:	AJIDS	2010	25782 A 26th AUGUST 2013	KSDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Senior Lecturer	SUBBAIAH INSTITUTE OF DENTAL SCIENCE	27/11/2013	30/11/2017	4 YEARS
Associate Professor[READER]	SUBBAIAH INSTITUTE OF DENTAL SCIENCE	30/11/2017	29/[redacted]/2022	4 YEARS 4MONTHS
Professor	SUBBAIAH INSTITUTE OF DENTAL SCIENCE	~~[illegible]~~ 01/12/2022	Till date	
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	**Details**
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

Are you satisfied	**1**	**2**	**3**	**4**	**5**

with your work (on a scale of 1 to 5)					**Yes**

Date: 24/3/2023 **Signature of the staff member**

Observation of the Head of the Department

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

Date: 24/3/23 **Signature of the HOD**

Professor and HOD
of Oral Pathology & Microbio
...iah Institute of Dental Scien
NH-13, Purale, Shivamogga-577 2

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		
4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		

6.	Behavior with coordinates sub and colleagues		✓		
7.	Sense of hygiene and sanitization		✓		
8.	Sense of duty consciousness		✓		
9.	Sense of institutional belonginess		✓		
10.	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.		✓		

Overall Performance:

Final Grade to be given(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: 24/3/23

B.S.

Signature of the Principal

Principal
...iah Institute of Dental Sciences
NH-13, H.H. Road, Purle
...SHIVAMOGGA-577 222, Karnataka

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date: 24-3-2023

NAME OF THE FACULTY		Dr.Pradeep.K
Department		Conservative Dentistry& Endodontics.
Designation		Professor & Head
Age		43
Date and Place of birth		23-7-1979
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	Sankhaya Heritage. Flat no-202 Manipal. Udupi.576104
	Temporary	Faculty Quarters Block-A G-1 Purle, Shaivamogga.577222
Phone no.		9739442258
Email id.		endodopradeep@gmail.com
Total years of experience	**UG**	5 years
	PG	8 years

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	KVG Dental College and Hospital, Sullia. RGUHS	1997-2002	13123 A 24-11-2003	KSDC
Post-Graduation:	SDM College Of Dental Sciences and Hospital, Dharwad. RGUHS	2003-2006.	13123 A 09-10-2007	KSDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	Coorg Institute of Dental Sciences, Virajpet	30-12-2006	30-8-2010	3.9 years
Reader/Associate Professor	Yenepoya Dental College and Hospital ,Mangalore	4-10-2010	23-10-2011	1 year 19 days
	Manipal College of Dental Sciences, Manipal	2-11-2011	18-4-2017	5.4 years
Professor	Subbaiah Institute of Dental Sciences, Shivamogga	4-5-2017	5-7-2021	4.1 Years
Professor & Head	Subbaiah Institute of Dental Sciences, Shivamogga	6-7-2021	Till date	1.8 Years

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Nil					

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
	Nil	**Nil**	**Nil**	**Nil**

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount	If published, mention the

		mobilized	publication details.
	Nil	**Nil**	**Nil**

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized
	Nil	**Nil**	**Nil**	**Nil**

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
	Nil	**Nil**	**Nil**	**Nil**

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
	Nil	**Nil**	**Nil**

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international
	Nil	**Nil**	**Nil**	**Nil**

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
Nil	**Nil**	**Nil**

Any other extraordinary work done	**Details**
Patent if any.	**NIL**
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

Are you satisfied with your work (on	**1**	**2**	**3**	**4**	**5**
				✓	

a scale of 1 to 5)					

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry &
Endodontics
Rajiv Gandhi University of Health Sciences
Bangalore-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		
4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues		✓		
7.	Sense of hygiene and sanitization		✓		
8.	Sense of duty consciousness		✓		

9.	Sense of institutional belonginess		✓		
10.	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.		✓		

Overall Performance:

Final Grade to be given(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.**	

Principal
...iah Institute of Dental Sciences
NH 73, H.H. Road, Purle
SHIVAMOGGA - 577201, Karnataka

Date: 04/3/23

Signature of the Principal

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-2023 Date: 24/3/23

NAME OF THE FACULTY		Dr. mahesh kumar Reddy K
Department		Prosthodontics
Designation		Reader
Age		35 years
Date and Place of birth		9-6-1987 & Jammalamadugu
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	T-7, B Block, Staff Quarters SUIDS, NH13, purle, Shimoga -577222
	Temporary	T-7 B Block, Staff Quarters Subbaiah Institute of dental sciences purle - Shimoga 577222
Phone no.		+91 9591419025
Email id.		drmaheshreddy87@gmail.com
Total years of experience	**UG**	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	Gitam Dental college & Hospital. Dr NTR University of Health Sciences	2010	A - 9707	Andrapradesh State dental council
Post-Graduation:	Bapuji Dental college & Hospital. RGUHS	2015	A - 9707	Andrapradesh State dental council
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	Subbaiah Institute of dental sciences	30-7-2015	30-7-19	4 years
Associate Professor	Subbaiah institute of dental sciences	31-7-2019	till date	3 years 11 months
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
A Study to evaluate the preferences of dentists entering to rotate for the undergraduate dental students in the context of both clinical experiency level of specialization on the dentists	International Journal of Pre-entive & clinical dental research 2022; 9(4): 96-99	Non-Indexed		6. Arun Kumar Talkal, Usha bandik prapati, S.N. Shashank, Mahesh C. Swamy, N.G. Hegde, Hasithe patil, Mahesh Kumar reddy	Nil

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Prosthodontics
Subbaiah Institute of Dental Sciences
NH-13, Purle, Shimoga-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022 – 23 Date: 24/3/23

NAME OF THE FACULTY		Dr. Y G Naveen
Department		PROSTHODONTICS
Designation		Prof. & HOD
Age		44 years
Date and Place of birth		28/03/1978
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	Kavitha Nilaya, Hosmane
	Temporary	1st Main, Shimoga 577201
Phone no.		9725036672
Email id.		Kudarnaveen@gmail.com
Total years of experience	**UG**	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	College of Dental Sciences, Davangere RGUHS	2002	12,398 - A 13/01/2003	KSRC
Post-Graduation:	KLES, institute of dental sciences Belgaum RGUHS	2007	12,398 - A 5/6/2009	
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	K.M. Shah Dental College			
Assistant Professor		07/11/2007	06/11/2011	4 years
Associate Professor	K.M Shah dental College	07/11/2011	04/07/2015	3 years
	Bharamathi Dental clg	06/07/2015	07/11/2016	
Professor	Bharamathi Dental College	08/11/2016	01/06/2018	
Any other professional experience		06/06/2019	Till date	3 years 10 months

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Prosthodontics
Rajaiah Institute of Dental Sciences
NH. Tirale, Shivamogga-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-2023 Date: 24/8/23

NAME OF THE FACULTY		DR. ARUN KUMAR.T
Department		PROSTHODONTICS
Designation		READER
Age		34 yrs
Date and Place of birth		03/02/1988, SIRUGUPPA
Gender		MALE
Marital status		MARRIED
Indicate whether belongs to General/SC/ST/OBS/Minority		OBC-I
Address for correspondence (with pin code)	Permanent	H.No.585 WEAVERS COLONY HOSPET
	Temporary	H.No. F-6 STAFF QUARTERS SUBBAIAH COLLEGE, SHIMOGA
Phone no.		9537434819
Email id.		arunkumarmdkal@gmail.com
Total years of experience	UG	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	AL-AMEEN DENTAL COLLEGE & HOSPITAL BIJAPUR, RGUHS	2011	28214-A 26/05/2011	KARNATAKA STATE DENTAL COUNCIL
Post-Graduation:	GOVT DENTAL COLLEGE & HOSPITAL, AHMEDABAD GUJARAT	2016	28214-A AUG 2016	KARNATAKA STATE DENTAL COUNCIL
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SUIDS	03/10/2017	11/11/2021	5 yrs 8 months
Associate Professor	SUIDS	12/11/2021	Till Date	1 yr 7 months
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Survey	IJOCR	Indexed	Yes	1	No
Survey	IJPCDR	Indexed	Yes	1	No

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
-	-	-		
-	-	—		

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Prosthodontics
Subbaiah Institute of Dental Sciences
Purale, Shivamogga-577 204.

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-2023 Date: 24/8/23

NAME OF THE FACULTY		Dr. Harshitha Patil H.G
Department		Prosthodontics
Designation		Senior Lecture
Age		29
Date and Place of birth		04/06/1992 Bhadravathi
Gender		Female
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	Permanent	9/410, 8th cross pupa koon
	Temporary	Bhadravathi, 577301
Phone no.		9620200067
Email id.		harshtpatilhm@gmail.com
Total years of experience	UG	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	SDMCDS, Dharwad RGUHS - BDS	2011 - 2015	BDS - June 14	KSDC
Post-Graduation:	KCDS - Bangalore RGUHS	2016 - 2019	MDS - June 19	KSDC.
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SVIDS	5/08/19	Till date	3years10months
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Anti Manilla defects	IJOER, 2021, 29 Page 22-31			Desh, Deepak, Dipay Pankaj, Harshitha, Kushbu, Kishore	

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
RAATI	1 year	May - June Shimoga	RGUHS

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Prosthodontics
Sahyadri Institute of Dental Sciences
NH.13, Padavu, Shivamogga-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/5/23

Signature of the Principal

Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022 2023 Date: 24/8/24

NAME OF THE FACULTY		Dr. MAHESH CS
Department		Prosthodontics
Designation		Reader
Age		35
Date and Place of birth		18-12-86 & Bangalore
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	Permanent	Channagiri, Davangere
	Temporary	AMMA #222, Channagiri Davangere
Phone no.		9686220840
Email id.		mahesh18dec@gmail.com
Total years of experience	UG	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	SDCMCDS, Dharwad	2009	25296-A 17-11-2009	KSDC
Post-Graduation:	The oxford dental clg, Bangalore	2013	25296-A 30-07-2013	KSDC.
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor				
Associate Professor	Subbaiah Institute of dental Sciences	1-7-2017	Till date	5 yrs 9 months 3 days
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international
Poster Presentation	Chairperson	4-5 Mar 2022	SDMCDS Bhopal	IPS PG Convention 2022.

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
IPS PG Convention 2022	4-5 March 2022	IPS PG Convention

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Head of the Department
Dept. of Prosthodontics
Subbaiah Institute of Dental S...
Purale, Shivamogga-57...

Date: 24/3/23

Signature of the HOD

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-2023 Date: 04/3/23

NAME OF THE FACULTY		Dr. NEHA V
Department		PROSTHODONTICS
Designation		Asst. Professor
Age		35 years
Date and Place of birth		23/7/1987 & Mumbai
Gender		Female
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent** ✓	#48, Geetha, 1st main, 2nd cross, Kenchappa layout
	Temporary	Vinobhanagar, Shimoga - 577204
Phone no.		8496939917
Email id.		nandusvijay@gmail.com
Total years of experience	**UG**	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	Rajiv Gandhi Dental College & RGUHS	Dec 2011	31948A & 6 Aug 2013	KSDC
Post-Graduation:	Shivarathri Dental College & RGUHS	June/July 2020	31948A & 15 Oct 2020	KSDC.
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SUIDS	21/1/21	till date	1 year & 3 months
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
1.	DHDM, Vol 20			6. Syed Amtul Hakeb	
	No. 8 No:			Vinaya K.C, Neha N	
	1000p 335			Anjushree Durga, Anju S Kumar, Sruthi MK	
2. Health Rehabilitation Rub Surgery 2022-23 2437 Med				" "	

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
RAATI	1 yr.	May-June 2002 Shimoga	RGUHS

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Prosthodontics
Malnad Institute of Dental Sciences
Shivamogga-577 224.

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year: 2023. Date: 24/3/23

NAME OF THE FACULTY		Dr. BOLLAVARAM VAMSILATHA
Department		PROSTHODONTICS
Designation		SENIOR LECTURER
Age		28 YEARS
Date and Place of birth		25-06-1994 ; KOILKUNTLA
Gender		FEMALE
Marital status		MARRIED
Indicate whether belongs to General/SC/ST/OBS/Minority		GENERAL
Address for correspondence (with pin code)	Permanent	14-55, BOLLAVARAM STREET, KOILKUNTLA KURNOOL, AP - 518134
	Temporary	T-7, B-BLOCK, STAFF QUARTERS SUBBAIAH COLLEGE, SHIMOGA - 577222
Phone no.		7989531862
Email id.		drvamsilatha05@gmail.com.
Total years of experience	UG	5 MONTHS.
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	GOVERNMENT DENTAL COLLEGE, KADAPPA	2017	A20226 ; 30/01/18	ANDHRA PRADESH STATE DENTAL COUNCIL
Post-Graduation:	G. PULLA REDDY DENTAL COLLEGE, KURNOOL	2021	A20226 ; 18/10/21	ANDHRA PRADESH STATE DENTAL COUNCIL
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SUBBAIAH INSTITUTE OF DENTAL SCIENCES	25/10/21	Till Date.	
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Evaluation of the Relationship the 3 different Anatomical landmarks on the face with width of the maxillary Anterior teeth	Journal of Research & Advancement in Dentistry 4 2020; 10: 35: 39-47.	Non-Indexed		4 M. Bharathi T Sunil kumar B. Vamshila Thg G.H.V Manjunath	Nil.

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Head of the Department
Dept. of Prosthodontics
Subbaiah Institute of Dental Sciences
NH 13, Purale, Shivamogga-577 222.

Date: 24/3/23

Signature of the HOD

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-2023 Date: 24/3/23

NAME OF THE FACULTY		Harsha. B.S
Department		Prosthodontics
Designation		Senior lecturer
Age		32 Years
Date and Place of birth		14/06/1990
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	Permanent	Staff Quarters
	Temporary	Subbaiah institute of Dental sciences, Purle, Shimoga
Phone no.		9480108412
Email id.		harshbsharsh@Yahoo.Com
Total years of experience	UG	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	Govt. Dental college & Hospital, Bangalore RGUHS	2012	08D4613	KSDC
Post-Graduation:	S.D.M college of dental sciences Dharwad, RGUHS	2017	14 ET 206	KSDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	Subbaiah dental College	27/07/18	till date	4 years, 9 months
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Harsha B.S.

Date: 24/3/23 **Signature of the staff member**

Observation of the Head of the Department

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

Date: 24/3/23 **Signature of the HOD**

Head of the Department
Department of Prosthodontics
Sri Siddhartha Institute of Dental Sciences
Sri Siddhartha Nagar, Shivarathri Nagar-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/22

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022- 2023 Date:24/04/2023

NAME OF THE FACULTY		Harini k s
Department		Prosthodontics
Designation		Reader
Age		41
Date and Place of birth		27/08/1981
Gender		Female
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	327/A,A-block,house name samruddi,Vivekananda badavane,Gopala extention shimogga 577205
	Temporary	327/A,A-block,house name samruddi,Vivekananda badavane,Gopala extention shimogga 577205
Phone no.		9845306422
Email id.		Drharini27@gmail.com
Total years of experience	**UG**	7yrs 8months
	PG	Nil

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	Bapuji dental college and hospital, RGUHS	2004	15699-A 15/12/2004	KSDC
Post-Graduation:	K.L.E.V.K. Institute of dental sciences, KAHER	2011	28/04/2012	KSDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	K.L.E VK IDS, Belgaum	01/07/2011	10/10/2013	2 years 3 Months
Assistant Professor	College od Dentistry, AL Qassem Private Colleges, Buraidah, Saudi Arabia	11/10/2013	01/06/2017	3 years 8 Months
Reader	Ultra Best Dental Science College, Madurai	01/02/2021	28/10/2022	1 year 9 Months
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed ? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Midline verification made easy Karnataka State Dental Journa	**Karnataka state dental journal,vol no31 no 3,July-sept 2012**	**Non indexed**	**Yes**	**2 Authors 1st author-Smitha saran 2nd author-harini k s**	
Retrospective evaluation of implant related factors on its success rate	**J Restorative Advanced Denstistry;2019 october**			**6 authors 1-jagadesh K N 2- tej g yadav 3prerna gulati 4anuj singh Parihar**	

				5-harini k s 6-mahantesh Achanur	
Prosthetic rehabilitation of maxillary defect caused by Ameloblastoma of rare Occurrence:A clinical case Report.	Contemporary clinical dentistry;vol 11/issue2/2020	Indexed		4 authors 1st author Harini Kallathappa Shivakumar, Sounyala Rayannavar[1], Deepa Suraj Chougule[2], Smitha Sharan[3]	
Assessing the dimensional accuracy of resultant casts made from monophase,one step putty light body impression technique-an vitro study.	Saudi jornal of oral science;vol7/issue2/may-aug2020	Non indexed		4 authors 1st author - Harini k s 2-supriya manvi 3- Ulhas Amasi 4- sounyala Rayannavar	
A simple innovative technique for fabrication of a 3-D cast Guided Surgical Template for Dental implant placement using conventional radiographic techniques.	EC dental science19.6(2020):112-119	indexed		6 authors Swapnil B Shankargouda[1*], Preena Sidhu[2], Harini KS[3], Smitha Sharan[4], Sounyala Rayannavar[5], Sonica Miyyapuram[6]	

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Nil				

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.
Assessing the dimensional accuracy of resultant casts made from monophase, one step, two step and a novel two step putty light body impression technique-an in vitro study.	**2011**		**Saudi jornal of oral science;vol7/issue2/ may-aug2020**

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
Tracking the implant run way	**38th Indian prosthodontic society national conference 209**	**Table clinic presentation**		
Prosthodontic management of an hemimandibulectomy of edentulous patient with implant retained bar supported overdenture-A case report	**12th Indian prosthodontic society national pg students convention 2010**	**Paper**		**Best paper**
Prosthetic rehabilitation with immediate implant placement in a traumatic	**Kle university scientific**	**paper**		

patient- A clinical report	**convention 2010**			

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
KLE university scientific convention 2008		**Belgaum**
KLE university scientific convention 2009		**Belgaum**
38th Indian prosthodontic society national conference 2009		**Trissur**
KLE university scientific convention 2010		**Belgaum**
12th Indian prosthodontic society national PG students' convention 2010		**chennai**
KLE university scientific convention 2011		**Belgaum**
KLE university scientific convention 2012		**Belgaum**
KLE university scientific convention 2013		**Belgaum**
I am a researcher at Saudi dental association al juffali complex for care and rehabilitation	29/10/2014	**AL-Juffali KSA**
CDE on Modern endodontics: Concepts, Techniques and protocols in Qassim private college, with 8CME credit hours	April 2017	Buraidah, KSA
CDE on introduction to dental implants in Qassim private college, with 8CME credit hours	**May 2017**	Buraidah, KSA

Any other extraordinary work done	**Details**
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	

Membership of professional bodies/organizations (with positions held, if any)	**Ordinary member of Indian prosthodontic society**
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Prosthodontics
Sumadhura Institute of Dental Sciences
NH 13, Puralley, Shivamogga-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		

4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues		✓		
7.	Sense of hygiene and sanitization		✓		
8.	Sense of duty consciousness		✓		
9.	Sense of institutional belonginess		✓		
10.	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.		✓		

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-2023 Date: 24/03/23

NAME OF THE FACULTY		Dr. ASHA ELIZABETH BABU
Department		ORAL AND MAXILLOFACIAL SURGERY
Designation		ASSISTANT PROFESSOR
Age		33
Date and Place of birth		17.05.1989, MUSCAT OMAN
Gender		FEMALE
Marital status		UNMARRIED
Indicate whether belongs to General/SC/ST/OBS/Minority		GENERAL
Address for correspondence (with pin code)	Permanent	TC 17/2142, Dr. PAI ROAD
	Temporary	POOJAPPURA, TVPM KERALA - 695012
Phone no.		9745574915
Email id.		ashaeb@gmail.com
Total years of experience	UG	2 years 7 months
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	SRM Dental College SRM University Chennai	2012	10171	Kerala
Post-Graduation:	Meenakshi Ammal Dental colly	2019	10171	Kerala
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	College of Dental Sciences Subbaiah Institute of Dental Scie	8/12/2019	7/12/20	11 months 29 days
Associate Professor		1/07/2021	present	1 year 8 months
Professor				
Any other professional experience				

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PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
Foundation Course in Educational Methodology	May 2022 to June 2022	Banglore	RGUHS Academic & Administrative training institute

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	AOMSI - LIFE MEMBER.
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/03/23

Signature of the HOD

Dept. of Oral & Maxillofacial Surgery
Sri Sai College of Dental Sciences
NH-13, Parala, Srikakulam-532 222

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

B.S.

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022 -23 Date: 24/3/23

NAME OF THE FACULTY		Gautam Rao
Department		Oral and Maxillofacial Surgery
Designation		Reader
Age		36
Date and Place of birth		01/09/1986, Udupi
Gender		M
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	'Akshaya' Heggodlu, Kullanje Village and Post, Kundapur Taluk, Udupi District- 576227
	Temporary	
Phone no.		7975995630
Email id.		dr.gautamrao@gmail.com
Total years of experience	**UG**	7years 8 months
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	A B Shetty Memorial Institute of Dental Sciences, RGUHS	2010	27003 A	Karnataka State Dental Council
Post-Graduation:	SDM College of Dental Sciences, RGUHS	2015	27003 A	Karnataka State Dental Council
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				

Assistant Professor	Subbaiah Institute of Dental Sciences	16/07/2015	16/07/2019	4years
Associate Professor	Subbaiah Institute of Dental Sciences	16/07/2019	16/07/2022	3years 7 months
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	**Details**
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	**AOMSI life member**
Would you like to mention anything else significant/noteworthy about yourself:	

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

Gautham Rao

Date: 24/3/23 **Signature of the staff member**

Observation of the Head of the Department

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

Date: 24/3/23 **Signature of the HOD**

Head of the Department
Dept. of Oral & Maxillofacial Surgery
Sciences
NH 13, Purale, Shivamogga 577 222

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		
4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues				

7.	Sense of hygiene and sanitization		✓		
8.	Sense of duty consciousness		✓		
9.	Sense of institutional belonginess		✓		
10.	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.		✓		

Overall Performance:

Final Grade to be given(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: 29/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-23 Date: 27/03/23

NAME OF THE FACULTY		Dr. Abdul Haseeb Quadri
Department		Oral Surgery
Designation		Reader
Age		37 years
Date and Place of birth		2/07/1986, Bijapur
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		Minority
Address for correspondence (with pin code)	**Permanent**	S-6, 2nd floor, Subbaiah Residential Quarters , Purle Shimoga- 577222
	Temporary	
Phone no.		9972467097
Email id.		abdulhaseeb11@gmail.com
Total years of experience	**UG**	7 years and 4 months
	PG	3 months

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	Sri Rajiv Gandhi College of Dental Sciences and Hospital	2010	27652A	Karnataka State Dental Council
Post-Graduation:	Vokkaligara Sangha Dental College and Hospital	2015	27652A	Karnataka State Dental Council
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SUIDS	2/11/2015	1/11/2019	4 Years
Associate Professor	SUIDS	2/11/2019	Till date	3 Years and 3 months
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if	If published,

		received and amount mobilized	mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Dept. of Oral & Maxillofacial Surgery
Sahyadri Institute of Dental Sciences
NH.13, Purale, Shivamogga-577 222

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/8/23

B.S. Sunil

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022 - 2023. Date: 24/3/23

NAME OF THE FACULTY		Dr Somashekhar. V. U
Department		OMFS
Designation		Senior lecture
Age		27yrs
Date and Place of birth		28/03/1995. Dharwad
Gender		Male
Marital status		Unmarried.
Indicate whether belongs to General/SC/ST/OBS/Minority		General.
Address for correspondence (with pin code)	Permanent	
	Temporary	Staff quarters Shimoga
Phone no.		8089763456
Email id.		svulasomashekhar@gmail.com.
Total years of experience	UG	7 Months.
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	V.S.D.C Bengaluru	2013-2018	44557A	KSDC
Post-Graduation:	K.V.G.D.C Sullia.	2019-2022	44557A	KSDC.
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SIDS	04/08/2022	till date.	7 Months
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
	Journal of				
	analysis				

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/6/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/6/23

Signature of the HOD

Department of Oral Surgery
Subbaiah Institute of Dental Sciences
Shimoga

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date:24/03/2023

NAME OF THE FACULTY		SHRUTHI D K
Department		Oral Pathology and Microbiology
Designation		Professor
Age		39
Date and Place of birth		16/08/1983 and Chikamagalur
Gender		Female
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	Dr Shruthi D K SSS Mansion,3rd Cross,Basaweswhara Nagar, Shimoga.
	Temporary	Dr Shruthi D K SSS Mansion,3rd Cross, Basaweswhara Nagar, Shimoga.
Phone no.		8747991000
Email id.		Dkshruthi.doc@gmail.com
Total years of experience	Oral Pathology and Microbiology	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	SDM Dharwad	2008	23771 A	KSDC
Post-Graduation:	CIDS Virajpet RGUHS	2012	23771 A	KSDC
Additional Qualification:	Forensic Anthropology YMC	2017	17PGDFAO06	KMC

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SJM Dental College SUIDS, Shimoga	01/04/2013 02/05/2014	30/04/2014 30/04/2017	1YR 00MN 29DYS 2YR 11MN 28DYS
Associate Professor	SUIDS, Shimoga	04/05/2017	07/04/22	5YR 3 DAYS
Professor	SUIDS, Shimoga	08/04/22	TILL DATE	1 YR
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
NIL					

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
NIL				

completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.
Gender identification using volumetric analysis of canine-3 dimensional study.	**2022-2023**	**Rs 3,00,000/-**	**Nil**

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized
Rohit Perapu	**2022-2023**	The correlation of salivary amylase with glycaemic control in type ii diabetes mellitus patients	**2022-2023**	**Rs 15,000/-**
Akshitha U S	**2022-2023**	Double-edged sword:Conservative Functions of Bioglue in healing of tooth extraction wounds	**2022-2023**	**Rs 15,000/-**

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
NIL				

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
NIL			

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international
NIL				

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
Histopathology-Diagnosis an evidence based appraoch	**30/07/22**	**GUJRAT**

Any other extraordinary work done	Details
Patent if any.	**NIL**
Contribution/work done to improve dental education.	**NIL**
Participation in affiliated university activities	**NIL**
Participation in DCI activity	**NIL**
Membership of professional bodies/organizations (with positions held, if any)	**NIL**
Would you like to mention anything else significant/noteworthy about yourself:	**NIL**

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

Shruti O.K.

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		
4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues		✓		

7.	Sense of hygiene and sanitization		✓		
8.	Sense of duty consciousness		✓		
9.	Sense of institutional belonginess		✓		
10.	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.		✓		

Date: 24/3/23

Signature of the HOD

Professor and HOD
Dept. of Oral Pathology & Microbiol
Subbaiah Institute of Dental Scienc
NH-13, Purale, Shivamogga-577 22

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-23 DATE:24/03/2023

NAME OF THE FACULTY		DrMANJUNATH BADNI
Department		ORAL PATHOLOGY AND MICROBIOLOGY
Designation		PROFESSOR AND HOD
Age		46
Date and Place of birth		21/07/1977-HOLALU
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		GENERAL
Address for correspondence (with pin code)	**Permanent**	C/O B.S.DoddamaneDharmashree Nilaya Subash Nagar Bhadravathi 577301
	Temporary	Sri GurudathaKrupaGurupura 2nd Cross Near BGS School Shimoga577222
Phone no.		9755767201
Email id.		badni.manju@gmail.com
Total years of experience	**UG**	16years
	PG	9years

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	SJMDC-CIA KUVEMPU UNIVERSITY	2000	10135 A 6/6/2001	KSDC
Post-Graduation:	CODS DAVENGERE	2006	10135 A 18/1/2006	KSDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SGRDC BANGLORE	08/06/2006	08/06/2010	4 YEARS

Associate Professor	SPPGIDMS LUCKNOW MPCD &RC GWALIOR	09/06/2010 01/11/2011	31/10/2011 08/06/2015	1YEAR 5 MOTHS 3YEARS 8 MONTHS
Professor	MPCD & RC GWALIOR SIDS SHIMOGA	09/06/2015 16/09/2015	15/09/2015 29/03/2022	3 MONTHS 8YEARS 6 MONTHS
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional	

bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 20/3/2023

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Professor and HOD
Dept. of Oral Pathology & Microbiology
Malnad Institute of Dental Sciences
NH-13, Purale, Shivamogga-577 222

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		

4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues		✓		
7.	Sense of hygiene and sanitization		✓		
8.	Sense of duty consciousness		✓		
9.	Sense of institutional belonginess		✓		
10.	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.		✓		

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-2023 Date: 24-03-2023

NAME OF THE FACULTY		MALTHESH B.S
Department		ORTHODONTICS
Designation		PROF & HEAD
Age		45 years
Date and Place of birth		27/05/1977 & Honnavar
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		—
Address for correspondence (with pin code)	Permanent	Door no 10, Indira
	Temporary ✓	2nd cross, Jayadeva layout Vinobhanagar Shimoga-577204
Phone no.		9945869524
Email id.		drmalthesh ortho 20@gmail.com
Total years of experience	UG	15 years
	PG	3 years

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	B.D.C.H Kuppampu	2000	10692-A	KSDC
Post-Graduation:	C.D.S RGUHS	2007	10692-A	KSDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	—			
Assistant Professor	SDCH, Shivamoga	27/11/2007	27/11/2011	4 YEARS
Associate Professor	SDCH, Shivamoga	27/11/2011	27/3/2014	5 YEARS & 4 MONTHS
Professor	SDCH, Shivamoga	28/3/2017	20/7/17	4 MONTHS
Any other professional experience	SIDS, Shivamoga	22/7/17	Till date	5 Years 9 Months

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Orthodontics & Dentofacial Orthopaedics
Subbaiah Institute of Dental Sciences
NH-13, Purle, Shivamogga-577222

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022 to 2023. Date: 24/03/2023

NAME OF THE FACULTY		Dr. SHASHI DHAR E P
Department		ORTHODONTICS.
Designation		READER
Age		50
Date and Place of birth		25/04/1972. SHIMOGA
Gender		MALE.
Marital status		MARRIED.
Indicate whether belongs to General/SC/ST/OBS/Minority		OBS.
Address for correspondence (with pin code)	Permanent	HAMPINAGAR, BANGALORE.
	Temporary	SIDS. CAMPUS. PURLE. SHIVAMOGGA.
Phone no.		6360646473
Email id.		drshashidhar79@gmail
Total years of experience	UG	2 years.
	PG	5 years.

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	KLE. BELGAUM KARNATAKA. UNI	1999.	15631 A	KSDC
Post-Graduation:	VSDC. BANGALORE RGUHS.	2010.	15631 A	KSDC.
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	SJM DENTAL COLLEGE	14/06/2011	16/07/2012	1 year 1 month 2 days
Associate Professor	NSVK. DENTAL COLLEGE MRADC. BANGALORE	17/09/2012 03/11/2015	02/01/2015 30/06/2016	2 year 5 month. 2 years
Professor	SIDS.	25/03/2022	Till date	
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Head of the Department
Department of Orthopaedics
Subbaiah Institute of Dental Sciences
NH-13, Purale, Shivamogga-577 222

Signature of the HOD

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-2023 Date: 24-03-2023

NAME OF THE FACULTY		DR. B. HARSHA
Department		ORTHODONTICS
Designation		PROFESSOR
Age		47 years
Date and Place of birth		16/11/1976 BANGALORE
Gender		MALE
Marital status		MARRIED
Indicate whether belongs to General/SC/ST/OBS/Minority		GENERAL
Address for correspondence (with pin code)	Permanent	NO.15, 15TH CROSS RAJAJI LAYOUT ANANDNAGAR, BANGALORE
	Temporary	
Phone no.		9448081214
Email id.		drharsha677@gmail.com
Total years of experience	UG	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	S.J.M.O.C.E.H CHITRADURGA KUVEMPU UNIVERSITY	1995 to 2000	9457-A	KARNATAKA STATE DENTAL COUNCIL
Post-Graduation:	S.R.O.C & RI CHENNAI (RAMACHANDRA DEMED)	2001 to 2004	9457-A	KARNATAKA STATE DENTAL COUNCIL
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	KCDS & AL-AMEEN D.C.	25-04-2005	20-06-2008	3 years 3 months
Associate Professor	Al AMEEN D.C SUBBAIAH D.C.	1-07-2008	31-12-2015	7 years 5 months
Professor	SUBBAIAH D.C	2-01-2016	23-11-2017	1 year 10 months
Any other professional experience	KIMS SUBBAIAH D.C	1-02-2018 12-03-2021	15-6-20 Till date	2 years 4 month 2 years

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Subbaiah Institute of Dental Sciences
Orthopaedics
NH-13, Purale, Shivamogga-577 222

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022-2023 Date: 24-03-2023

NAME OF THE FACULTY		Dr. Chidanandeswara. G
Department		Orthodontics
Designation		Reader
Age		37 Yrs
Date and Place of birth		24/6/1984 Tumkur
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		G.M
Address for correspondence (with pin code)	Permanent	Bharavathi nagar, Shimoga
	Temporary	Bharavathi nagar Shimoga - 577201
Phone no.		8892613886
Email id.		drchida08@gmail.com
Total years of experience	UG	
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	Sri Siddartha Dental College	2007	23,126-A	KSDC
Post-Graduation:	KVG Dental College	2014	23,126-A	KSDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	Subbaiah institute of Dental Science	1/8/2014	31/7/2018	4 yrs
Associate Professor	Subbaiah Institute of Dental Science	1/8/2018	till date	3.7 yrs + 1
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Orthodontics & Dentofacial Orthopaedics
Subbaiah Institute of Dental Sciences
NH-13, Purale, Shivamogga-577 222

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022 - 2023 Date: 24/03/23

NAME OF THE FACULTY		Dr. Mahesh. F. B
Department		Orthodontics
Designation		Senior lecturer
Age		29
Date and Place of birth		04/05/1993 & Ranebennur
Gender		Male
Marital status		Unmarried
Indicate whether belongs to General/SC/ST/OBS/Minority		Gen
Address for correspondence (with pin code)	**Permanent**	#1689/11, 6th cross, Anjanaya layout, Davangere
	Temporary	Staff quarters, Subbaiah dental college. Shimogga.
Phone no.		7829811768
Email id.		maheshbdiki.fb@gmail.com
Total years of experience	**UG**	1 year 7 months
	PG	

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	Bapuji dental coll & RGUHS	2011-2016	38494A 15/10/2016	KSDC
Post-Graduation:	Sharavathi dental coll & RGUHS	2018-2021	38494A 14/9/2021	KSDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	Subbaiah institute of dental sciences	2/9/21	till date	1 year 7 months
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 29/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Head of the Department
Department of Oral Medicine & Dentistry
Orthopaedics
Subbaiah Institute of Dental Sciences
NH 13, Purle, Shivamogga-577 222

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022 - 2023 Date: 24/3/23

NAME OF THE FACULTY		Dr. Rehma Suvarna.
Department		Oral medicine and radiology
Designation		Assistant Professor.
Age		36 Years.
Date and Place of birth		11/12/1987 Chennagiri
Gender		Female
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	Flat no 105, Bhavani Apartments, Prashanth nagar, Durgabail, Mangalore-575006.
	Temporary	Quarter no. G8 A block staff quarter, Subbaiah institute of dental science, NH13, HH road, Purle, Shimoga 577222.
Phone no.		9449966216.
Email id.		rehmasuvarna2020@gmail.com
Total years of experience	**UG**	
	PG	6 months.

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	A.B. Shetty memorial institute of dental sciences, RGUHS	2010	26731A 22/09/2010	KSDC
Post-Graduation:	A.J. Shetty institute of dental sciences. RGUHS.	2018	26731A 20/09/2018	KSDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	Subbaiah institute of dental science	04/10/2021	Till date	2 Years, 4 months, 14 days.
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Deshna Surana
Signature of the ~~staff member~~

Observation of the Head of the Department

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

Date: 24/3/23

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 (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date:24/03/2023

NAME OF THE FACULTY		Vijay Amarnath M C
Department		Pedodontics and Preventive Dentistry
Designation		Assistant Professor
Age		32years
Date and Place of birth		06/09/1990
Gender		Male
Marital status		Unmarried
Indicate whether belongs to General/SC/ST/OBS/Minority		
Address for correspondence (with pin code)	**Permanent**	#791, 1 st floor, main road, Vidyanagar, Davanagere
	Temporary	"Anugraha"- Sangameshwaranilaya, 2nd cross, Gurupura, Shivamogga
Phone no.		9980830773
Email id.		dr.vam02@gmail.com
Total years of experience	**UG**	4 yaers 7 months
	PG	----------

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	Government Dental College & Research Institute- Ballari	2012	33612 A	KSDC
Post-Graduation:	Bapuji Dental College & Hospital- Davangere	2018	33612 A	KSDC
Additional Qualification:	--------	---------	----------	----------

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr.				

Resident				
Assistant Professor	Subbaiah Institute of Dental Sciences – Shivamogga	13-08-2018	Till date	4 years 7 months
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

Signature of the HOD

Dept. of Paedodontics & Preventive Dentistry

Observation of the Principal (To be filled in by the Head of the Institution)

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality				
2.	Obedience				
3.	Communication skills				
4.	Work knowledge				
5.	Behavior with higher authority				
6.	Behavior with coordinates sub and colleagues				

7.	Sense of hygiene and sanitization		✓		
8.	Sense of duty consciousness		✓		
9.	Sense of institutional belonginess		✓		
10.	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.		✓		

Overall Performance:

Final Grade to be given(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: 24/3/23

B.S.

Signature of the Principal

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

Principal
Saveetha Institute of Dental Sciences
No. 162, GST Road, Pallavaram
Chennai-600117, Tamil Nadu, India

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date:24/03/2023

NAME OF THE FACULTY		Dr. Gul Afza Khanum
Department		Oral medicine and radiology
Designation		Assistant professor
Age		27years
Date and Place of birth		21/01/1995 Shiralakoppa
Gender		Female
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		Minority
Address for correspondence (with pin code)	**Permanent**	Milagatta 2nd cross shivamogga 577201
	Temporary	Tank mohalla 1st cross, Shivamogga 577201
Phone no.		7892770867
Email id.		afzakhanum1995@gmail.com
Total years of experience	**UG**	
	PG	1 year

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	Sharavathi Dental college RGUHS	2016	41509A 16/02/2018	KSDC
Post-Graduation:	Bapuji Dental college RGUHS	2021	41509A 28/12/2021	KSDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/Y	To DD/MM/Y	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	Subbaiah Institute of Dental Sciences	02/05/2022	Till Date.	11 months 8 days
Associate Professor				
Professor				

Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Herpes zoster of left maxillary division of trigeminal nerve	International journal of current advanced research 2020;9(8):22961-22964	Pubmed Indexed	5.99	1. Dr. Gul Afza Khanum 2. Dr. Poornima R 3. Dr. Ashok L	
Calcifying epethilial odontogenic tumor at an unusal site – case report	Ip international journal of maxillofacial imaging 2021;7(1):32-36			4. Dr. Gul Afza Khanum 5. Dr. Poornima R Dr. Ashok L	
Multicystic ameloblastoma of anterior mandible in a young patient – a case report	Journal of pearldent july 2020;11;15-26			1.Dr. Gul Afza Khanum 2.Dr. Ranjani Shetty 3.Dr. Ashok.L	

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects

Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
Post Mortem Forensic Dental Radiology	6th Indo Pacific Academy Of forensic Odontology	Poster	**15/02/2019**	**Best poster award**

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
International Conference - 6th Indo Pacific Academy Offornesic Odontology	**15 th to17 th February,2019**	**Zirakpur, Chandigarh**
National Iaomr Pg Convention	**23rd and 24th August, 2019,**	**V S Dental College, Bengaluru, Karnataka**
Preconference Course On"Oral Medicine Specialist As A Tobacco Cessation Counsellers"	**22nd August, 2019**	**M.S. Ramaiah Dental College, Bengaluru, Karnataka**

First India-JAPAN COLLABORATIVE SYMPOSIUM	**5th February, 2020**	**NIMHANS Convention Center, Bengaluru**
Webinar- BENEFITS OF CBCT OVER 2D		**Online**
5 th Internationale-conference on Forensic Odontology		**Teerthanker Mahaveer Dental College and Research Centre**

Any other extraordinary work done	**Details**
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

Sl.no.	**Observations**	**Excellent**	**Good**	**Average**	**Remarks**
1.	Punctuality		✓		
2.	Obedience		✓		
3.	Communication skills		✓		
4.	Work knowledge		✓		
5.	Behavior with higher authority		✓		
6.	Behavior with coordinates sub and colleagues		✓		
7.	Sense of hygiene and sanitization		✓		
8.	Sense of duty consciousness		✓		
9.	Sense of institutional belonginess		✓		
10.	Any notice has been issued for		✓		

	indiscipline activities. If yes, give details of the notice given.		✓		

Date: 24/3/23

Signature of the HOD

Head of the Department
Dept. of Oral Medicine & Radiology
Subbaiah Institute of Dental Sciences
NH-13, Purle, Shivamogga-577 222.

Observation of the Principal (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given (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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date: 24/3/2023

NAME OF THE FACULTY		DR SUMA M S
Department		Oral Medicine & Radiology
Designation		Prof & Head
Age		45 years
Date and Place of birth		06-04-1978, Bengaluru
Gender		Female
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	"Sri Shaila", 1st Parallel road, Mission compound, Shivamogga-577201
	Temporary	
Phone no.		9916130838
Email id.		drsumasachin@gmail.com
Total years of experience	**UG**	12 years
	PG	1 year

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	Bapuji Dental College & Hospital RGUHS	2000	10978 A 21-03-2002	Karnataka State Dental Council
Post-Graduation:	Bapuji Dental College & Hospital RGUHS	2010	10978 A 05-04-2012	Karnataka State Dental Council
Additional Qualification:	1. Basic & Short course in educational methodology by RAATI	2015		RGUHS
	2. Boot camp for Resource person for RAATI	2019		RGUHS
	3. Grant Management for Health & Social Science researchers	2019		St Johns Medical College & Research Institute
	4. Basic Science in Biomedical Research	2020		ICMR

	5. Good clinical practice	2021		NIDA, Clinical Trials Network
	6. Course on CBCT	2022		MAHE
	7. PG Diploma in Psychological Counseling & Guidance	2022		Bharatiya Vidya Bhavan Manasa Educational Foundation for Mental Health

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	Sharavathi Dental College & Hospital	28-05-2010	28-05-2014	4 Years & 1 Day
Associate Professor (Reader)	Sharavathi Dental College & Hospital	29-05-2014	04-08-2015	1 Year 2 Months & 7 Days
Associate Professor (Reader)	Subbaiah Institute of Dental Sciences	05-08-2015	28-05-2019	3 Years 9 Months & 24 Days
Professor	Subbaiah Institute of Dental Sciences	29-05-2019	Till Date	3 Years 10 Months
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure

Dental practice during COVID 19: A new normal	Journal of Dental Sciences and Research . Sept 2022;13(2):1-4.	Creative commas, Google scholar, EBSCO, Open gate		Suma M S Vidya B	Nil

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.

Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

Sl.no.	Observations	Excellent	Good	Average	Remarks
1.	Punctuality	✓			
2.	Obedience	✓			
3.	Communication skills	✓			
4.	Work knowledge	✓			
5.	Behavior with higher authority	✓			

6.	Behavior with coordinates sub and colleagues	✓			
7.	Sense of hygiene and sanitization	✓			
8.	Sense of duty consciousness	✓			
9.	Sense of institutional belonginess	✓			
10.	Any notice has been issued for indiscipline activities. If yes, give details of the notice given.	✓			

Date: 24/3/23

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 (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date:24-3-2023

NAME OF THE FACULTY		Dr. Sreekanth P Kunjumon
Department		Dept of Oral Medicine and Radiology
Designation		Senior Lecturer
Age		29 years
Date and Place of birth		12-03-1994, Kochin
Gender		Male
Marital status		Unmarried
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	Flat No-R 6D, Kalpaka Gardens, Pattath Road, Challikavattam, Vennala PO, Kochi -682028, Kerala
	Temporary	Munishwara Residency, Old Gurupura Road, ShantammaLayout, Gurupura, Shivamogga, Karnataka 577203
Phone no.		9535581332, 9035975973
Email id.		sreekanthpkunjumon@gmail.com
Total years of experience	**UG**	5 months 14 days
	PG	3 months 14 days

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	M S Ramaiah Dental College and Hospital	2013-2018	44250 A, June 2017	Karnataka State Dental Council
Post-Graduation:	Faculty of Dental Sciences, Ramaiah University of Applied Sciences	2019-2022	44250 A, June 2022	Karnataka State Dental Council
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident				
Assistant Professor	Subbaiah Dental College	27/10/2023	Present	5 months 14 days
Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Dental Radiology Practice during COVID-19	**IJDSIR-2020 November 03(06); pp. 260 – 266.**	**Pubmed, Index copernicus**	-	**Sujatha S Reddy, N Rakesh, T Pavan Kumar, Shwetha V., Sreekanth P Kunjumon, Vaishnavi.P**	-
Frontline Armours Unmasking the Masks – A Review	**IJDSIR 2020; 03(05),pp. 53 – 59**	**Pubmed, Index copernicus**	-	**Shwetha V, Sujatha.S, N.Rakesh, Pavan T Kumar, Vaishnavi.P, Sreekanth.P**	-
Tobacco consumption patterns and coping behavior during the COVID-19 Lockdown	**Journal of Head & Neck Physicians and Surgeons 2021, 9(1), pp.59-63**	**Web of Science**	-	**Sujatha, S., Shwetha, V., Vaishnavi, P., Sreekanth, P. and Nagi, R**	-
Teleconsultation–the pandemic mantra or the new norm?	**Journal of Head & Neck Physicians and**	**Web of Science**	-	**Shwetha, V., Sujatha, S., Rakesh, N., Kumar, T.P., Vaishnavi, P. and Sreekanth, P**	-

	Surgeons 2021, 9(2), pp.142-146				
The Effect of Photodynamic Therapy on Oral-Premalignant Lesions: A Systematic Review.	Journal of Clinical and Experimental Dentistry 2022, 14(3), pp. e285-e292	Pubmed, Scopus	-	Choudhary, R., Reddy, S.S., Nagi, R., Nagaraju, R., Kunjumon, S.P. and Sen, R	-
Mutagenic potential of viruses: A review	J Datta Meghe Inst Med Sci 2021 Univ.16(4) .pp.797-800	Scopus	-	Reddy SS, Rakesh N, Kumar TP, Shwetha V, Kunjumon SP, Vaishnavi P	-

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
"USG SCAN ARTEFACTS" - A BOON OR A BANE	**National IAOMR PG Convention 2019, Bengaluru**	**Poster**	**23rd and 24 th August, 2019**	**Nil**
"Low Level LASER-An Obliviate Therapy For Chemo-Radiation Induced Mucositis "	**18th National Triple O Symposium and 4TH International Oral Pre-Cancer & Cancer Congress**	**Paper**	**6th -8th March, 2020**	**Nil**
LLLT – An Emerging Paradigm for Chemo-Radiation induced Oral Mucositis	**"National OMR Consortium-An Advocacy : Season-I"**	**Paper**	**19TH TO 21ST July**	**Best Scientific Paper**
Sialography- A Glimmer of Hope in Oral Draught!	**KIDS WEBCON OMR 2021**	**Paper**	**24TH and 25th September**	**Best Scientific Paper**
Salivary VOCS- The Tip of the Iceberg?	**Azeezia College of Dental Sciences and Research, Kollam**	**Paper**	**25, 26 and 27TH November, 2021**	
LLLT- A blitzkrieg therapy for Chemo-radiation induced	**TRIPLE 'O' - Kerala, hosted by**	**Paper**	**09th and 10th March 2023**	**Best Second best**

Mucositis	**Pushpagiri College of Dental Sciences**			**Faculty Paper**

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
Training on "Establishment of Tobacco Cessation Centre at Dental College" under National Tobacco Control Program	30/9/2019	Bangalore
First India-Japan Collaborative Symposium organized by the South Asian Society of Oral and Maxillofacial Implantology (SASOMI)	5/02/2020	NIMHANS, Bangalore
Attended 7-day observation program at the Wipro Food and Chemical laboratory, Bangalore on the integration of analytical sciences in Medicine	5th- 12th July, 2021	WIPRO, Bangalore

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Dr Sreekanth

Date: 29/5/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 29/5/23

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 (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

B.S. Sunil

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year - 2022 - 2023 Date:24/03/2023

NAME OF THE FACULTY		Dr.Deepak T S
Department		Oral Medicine & Radiology
Designation		Assistant Professor
Age		39
Date and Place of birth		11/01/1984
Gender		Male
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		OBC
Address for correspondence (with pin code)	**Permanent**	#303, M-block, 2nd Stage, 7th Cross, Kuvempu Nagar. Mysore-570023
	Temporary	Subbaiah Institute of Dental Sciences, NH-13, Purle, Shimoga-577222
Phone no.		9880841315
Email id.		Drdeepakshetty11@gmail.com
Total years of experience	**UG**	4yrs,7months
	PG	2yrs, 47days

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	Farooqia Dental College & Hospital. RGUHS	2007	21213-A 27/11/2007	KSDC
Post-Graduation:	JSS Dental College & Hospital. JSS University	2016	21213-A 21/06/2017	KSDC
Additional Qualification:				

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	JSS Dental College & Hospital	29/06/2009	31/07/2013	4yrs, 7months
Assistant Professor	Subbaiah Institute of Dental Sciences	09/01/2021	Till Date	2yrs,47days

Associate Professor				
Professor				
Any other professional experience				

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
Efficacy of In-Vivo Staining in the early detection of Oral Potentially Malignant and Malignant disorders in Comparison with Expression of Ki-67 Proliferative Marker.	International Journal Of Current Research	Pubmed Central, Researchgate.net. Google Scholar, Journalcra.com, Science library index, J-gate,	7.99	1.Dr.Deepak T S 2.Dr.Karthikeya Patil 3.Dr.Mahima V.G 4.Dr. Manjunath G.V	

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
Text Book On Dental Caries	AKINIK PUBLICATIONS	1st Edition. 2022	14	

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
UNLOCK STRESS CDE	30/07/2021	SUIDS, SHIVAMOGA

Any other extraordinary work done	Details
Patent if any.	
Contribution/work done to improve dental education.	
Participation in affiliated university activities	
Participation in DCI activity	
Membership of professional bodies/organizations (with positions held, if any)	
Would you like to mention anything else significant/noteworthy about yourself:	

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

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 (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 24/3/23

B.S. Sunil

Signature of the Principal

Principal

:aiah Institute of Dental Sciences
NH-13, H.H. Road, Purle
SHIVAMOGGA-577 222, Karnataka

Principal

SUBBAIAH INSTITUTE OF DENTAL SCIENCES
NH-13, PURLE, SHIMOGA
STAFF SELF APPRAISAL FORM - PART A

Year -2022-2023 Date:24/03/2023

NAME OF THE FACULTY		Dr. SHANTHALA
Department		Oral Medicine and Maxillofacial Radiology
Designation		Senior Lecturer
Age		36
Date and Place of birth		14th October, Karkala
Gender		Female
Marital status		Married
Indicate whether belongs to General/SC/ST/OBS/Minority		General
Address for correspondence (with pin code)	**Permanent**	Shanthala Cottage, Near taluk office, Karkala 574104
	Temporary	Department of Oral Medicine and Maxillofacial Radiology, Subbaiah Institute of dental sciences, Purle Shivamogga 577202
Phone no.		91-9986278571
Email id.		drshanthala2022@gmail.com
Total years of experience	**UG**	7
	PG	NIL

EDUCATION AND ACADEMIC BACKGROUND

Qualification	College & Univ.	Year	Registration No. of UG & PG with date	Name of the State Council
Under Graduation:	YENEPOYA DENTAL COLLEGE, RGUHS	2008	23146-A OCTOBER 2008	KSDC
Post-Graduation:	YENEPOYA DENTAL COLLEGE, YENEPOYA UNIVERSITY	2015	23146-A AUGUST 2015	KSDC
Additional Qualification:	NIL	NIL	NIL	NIL

EXPERIENCE:

Position	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor/Demonstrator Registrar/Sr. Resident	NIL	NIL	NIL	NIL
Assistant Professor	SUBBAIAH INSTITUTE OF DENTAL SCIENCES	01/02/2016	31/01/2020	4 YEARS
Reader	SUBBAIAH INSTITUTE OF DENTAL SCIENCES	01/02/2020	Till date	3years, 2month,9days
Professor	NIL	NIL	NIL	NIL
Any other professional experience	NIL	NIL	NIL	NIL

PART B

RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

Publication of research papers					
Title of the article	Journal name (Year, Volume, Issue no. and page no.)	Indexed journal or non-indexed journal (mention it).	Whether peer reviewed? Impact factor if any.	No. and name of the authors (order according to the article)	Sponsoring agency and expenditure
INFECTED COMPLEX ODONTOME- A CASE REPORT	Cukurova medical Journal 2015;40(2): 379-383	INDEXED IN WEB OF SCIENCE	N/A	**NINE** 1.SHANTHALA 2.VEENA K M 3.LAXMIKANTH CHATRA 4.PRASHANTH SHENAI 5.PRASANNA RAO 6.RACHANA V PRABHU 7. TASHIKA KUSHRAJ 8.PRATHIMA SHETTY	NIL

				9.SHAUL HAMEED	
PLATELET RICH FIBRIN IN MANAGEMENT OF PERIAPICAL LESIONS	Int.JPrev Clin Dent Res 2020;7:14-6	INDEXED IN COPERNICUS	N/A	**SIX** 1.BHARATHI 2.MANASA HD 3.MANJUNATH SG 4.ANAND V 5.DATTA A 6.SHANTHALA D	NIL
DENTAL PRACTICE AND COVID-19- A REVIEW	Int.JPrev Clin Dent Res 2021;8:107-10	INDEXED IN COPERNICUS	N/A	**FOUR** 1.D SHANTHALA 2.K PRADEEP 3.N DEEPTHI ADAPPA 4.KR RUPA	NIL

Publication of books/chapter				
Title of the book/chapter	Publisher's name	Edition and year	No. of authors	Sponsoring agency and expenditure
NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL

Ongoing or completed research projects			
Title	Period	Grant/funds if received and amount mobilized	If published, mention the publication details.
NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL

Guiding UG/PG - Ongoing or completed research projects				
Name of the student	UG/PG; Which year?	Title	Period	Grant/funds if received and amount mobilized
NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL

Paper/poster presentations at any conference/conventions				
Title	Conference details (Name, date, place)	Paper/poster	Date of presentation	Awards for the same
NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL

Training courses, teaching learning evaluation technology program, faculty development program			
Program name (Title, Resource person)	Duration	Date and place	Organized by
NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL

Invited lectures and chairmanships at State, National or International conference/seminars/CDEs, etc.				
Title of lecture/academic session	Title of conference/seminar, etc.	Date and place	Organized by	Whether state/national/international
NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL

No. of conferences/conventions/seminars, CDEs, etc. attended		
State/national/international details of the program	Dates	Place
NIL	NIL	NIL

Any other extraordinary work done	Details
Patent if any.	NIL
Contribution/work done to improve dental education.	NIL
Participation in affiliated university activities	NIL
Participation in DCI activity	NIL
Membership of professional bodies/organizations (with positions held, if any)	NIL
Would you like to mention anything else significant/noteworthy about yourself:	NIL

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

Date: 24/3/23

Signature of the staff member

Observation of the Head of the Department

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

Date: 24/3/23

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 (To be filled in by the Head of the Institution)

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

Overall Performance:

Final Grade to be given(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: 29/3/23

B.S.

Signature of the Principal

Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022 – 2023

Name: Mrs. Pooja. J.H

Designation: OPD Ast

Department: Pedo

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

B.S. [illegible]
Head of the Department
Dept. of Pediatric & Preventive Dentistry
Subbaiah Institute of Dental Sciences
NH.13, Purle, Shivamogga-577 222.

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

B.S. [illegible]

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022 - 2023

Name: Ms. Sindhu T

Designation: OPD Asst

Department: Pedo

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the HOD

Dept. of Paediodontics & Preventive Dentistry
Subbaiah Institute of Dental Sciences
NH-13, Purale, Shivamoggu-577 222.

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES

NH-13, PURLE, SHIVAMOGGA – 577222

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022 - 2023

Name: Mr. Vinay Kumar

Designation: X-Ray Technician

Department: OMR

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD

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

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022- 2023

Name: Mrs. Pooja. K

Designation: OPD Asst

Department: OMR.

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the HOD

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

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022 – 2023

Name: Mrs Rekha

Designation: OPD Asst

Department: OMR

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

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

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022 - 2023

Name: Mrs. Chaithra. K.M

Designation: OPD Asst.

Department: Perio

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD
Head of the Department
Dept. of Periodontics
Subbaiah Institute of Dental Sciences
NH-13, Purle, Shivamogga

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES

NH-13, PURLE, SHIVAMOGGA – 577222

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022 – 2023

Name: Mrs. Geetha. D

Designation: Attender.

Department: Perio

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD
Dept. of Periodontics
Subbaiah Institute of Dental Sciences
NH-13, Purale, Shivamogga-577 222.

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga.

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022 - 2023

Name: Mr. Sunil Kumar

Designation: OPD Asst.

Department: Cons

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry & Endodontics
Subbaiah Institute of Dental Sciences
NH-13, Purale, Shivamogga-577 222

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022-2023

Name: Ms. Divya. SP

Designation: Staff Nurse.

Department: CDU

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry & Endodontics
Subbaiah Institute of Dental Sciences
NH-13, Purle, Shivamogga-577 222.

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022-23

Name: Ms. Meenakshi

Designation: OPD Asst

Department: Cons'

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the HOD

Head of the Department of Conservative Dentistry & Endodontics
Subbaiah Institute of Dental Sciences
NH-13, Purle, Shivamogga-577 222.

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022-2023

Name: Ms. Sandhya

Designation: OPD Assistant

Department: Cons.

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/2023
Place: Shimoga

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry & Endodontics
Subbaiah Institute of Dental Sciences
NH-13, Purale, Shivamogga-577 222

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES

NH-13, PURLE, SHIVAMOGGA – 577222

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022 - 2023

Name: Ms. Chaithanya

Designation: Attender.

Department: Oral Path

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD
Professor and HOD
Dept. of Oral Pathology & Microbiology
Subbaiah Institute of Dental Sciences
NH-13, Purale, Shivamogga-577 222

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022-2023

Name: Ms. Nandhini

Designation: Lab Technician

Department: Oral Path

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD

Professor and HOD
Oral Pathology & Microbiology
Subbaiah Institute of Dental Sciences
NH-13, Purale, Shivamogga-577 222

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022-23

Name: Mr. Ananth Naik

Designation: Dental Technician

Department: Prostho

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the HOD
Head of the Department
Dept. of Prosthodontics
Subbaiah Institute of Dental Sciences
Purale, Shivamogga-577 222.

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES

NH-13, PURLE, SHIVAMOGGA – 577222

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022-2023

Name: Mrs. Sangeetha

Designation: OPD Asst

Department: Prosthio

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD
Head of the Department
Dept. of Prosthodontics
Subbaiah Institute of Dental Sciences
NH.13, Purale, Shivamogga-577 222.

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES

NH-13, PURLE, SHIVAMOGGA – 577222

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022-2023

Name: Mr. Basavaraj

Designation: Dental Lab Technician

Department: Prosthodontics

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD

Head of the Department
Dept. of Prosthodontics
Subbaiah Institute of Dental Sciences
NH 13, Purale, Shivamogga-577 222.

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022-2023

Name: Mr. Raghavendra M.T

Designation: Lab ESI Check.

Department: Prosthio

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD
Head of the Department
Dept. of Prosthodontics
Subbaiah Institute of Dental Sciences
NH.13, Purle, Shivamogga-57...

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022-2023

Name: Ms. Chaithra. K.Y

Designation: OPD Asst

Department: Prosthio

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the HOD
Head of the Department
Dept. of Prosthodontics
Subbaiah Institute of Dental Sciences
NH-13, Purle, Shivamogga-577 222

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23.
Place: Shimoga

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022-2023

Name: Ms. Arpitha

Designation: OPD Asst

Department: Oral Surgery

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022 – 2023

Name: Mr. Chandrana. Jyothi

Designation: OPD Ass.

Department: Surgery

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Head of the Department
Dept. of Oral Maxillofacial Surgery
Subbaiah Institute of Dental Sciences
NH-13, Purale, Shivamogga-577 222

Date: 29/3/23
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022-2023

Name: Nru-usha

Designation: OPD Asst

Department: ortho

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Head of the Department
Dept. of Orthodontics & Dentofa.
Orthopaedics
Subbaiah Institute of Dental Scie
IH-13, Purale, Shivamogga-577 222

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022 - 2023

Name: Mrs Jyothi.R

Designation: OPD Asst

Department: Ortho

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD
Professor & Head of the Department
Orthodontics & Dentofacial Orthopaedics
Subbaiah Institute of Dental Sciences
NH-13, H.H. Road, Purle, Shivamogga-577 222

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022 - 2023

Name: Mr. Shashank Kumar Naik

Designation: Attender

Department: PHD

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD

Head of the Department
Dept. of Public Health Dentistry
Subbaiah Institute of Dental Sciences
NH.13, Purale, Shivamogga-577 222.

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022-2023

Name: Mrs. Neha Aravind Shetty

Designation: ESI Clerk

Department: Insurance Dept

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022 - 2023

Name: Mrs. Kavya. M

Designation: Office Superintendent

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022-2023

Name: Mrs. Radha

Designation: MRD Asst.

Department: MRD

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES

NH-13, PURLE, SHIVAMOGGA – 577222

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022- 2023

Name: Mr. Pragjeeth

Designation: Chair Technician

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

B.S. [illegible]

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES

NH-13, PURLE, SHIVAMOGGA – 577222

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022-2023

Name: Mr. Nuthan Kumar

Designation: Attender

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the Principal

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

SUBBAIAH INSTITUTE OF DENTAL SCIENCES

NH-13, PURLE, SHIVAMOGGA – 577222

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022-2023

Name: Ms. Rashmitha.

Designation: Attender

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/3/23
Place: Shimoga.

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022 - 2023

Name: Mrs. Pavithra.

Designation: Pharmacy Asst.

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

B.B. [illegible]

Signature of the Principal

Principal
Subbaiah Institute of Dental Sciences
NH-13, H.H. Road, Purle
Shimoga-577 222, K.

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022- 2023

Name: Mr. Vinayak **Designation:** Clerk

Department: Store

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/05/23
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/05/23
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022-2023

Name: Mr. Akash. R

Designation: Attender

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga.

B.S. [illegible]

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022 - 2023

Name: Ms Vanishri

Designation: Clerk.

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23.
Place: Shimoga

Signature of the Principal

Principal
Subbaiah Institute of Dental Sciences
NH-13, H.H. Road, Purle
Shimoga-577 222, Kar.

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022- 2023

Name: Mr. Kautik

Designation: Lecture Hall Incharge

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

B.S. [illegible]

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022- 2023.

Name: Mrs. Kameshwari

Designation: Nursing Staff

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

B.S. Sunil

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022 - 2023

Name: Mr. Suresh

Designation: Asst. Librarian

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022-2023

Name: Mrs. Rashmi H.K

Designation: Librarian

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2022- 2023.

Name: Mrs. Latha. V **Designation:** Receptionist

Department: Receptionist

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29/03/23
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021 – 2022

Name: Vinay **Designation:** X-ray Tech

Department: OMR

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Head of the Department

Head of the Department
Oral Medicine & Radiology
Subbaiah Institute of Dental
NH.13, Purale, Shivamogga-577 222

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-3-22
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021-2022

Name: Ms Chitha R **Designation:** Library Asst.

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date:
Place:

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

B.S.

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021- 2022

Name: Prajeetha V **Designation:** Chair Technician

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date:
Place:

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

B.S.

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021 - 2022

Name: Vinayaka **Designation:** Store Clerk.

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021-2022

Name: Rashmitha **Designation:** Attender. (MRD Attender)

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date:
Place:

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

B.S.

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

...ANCE APPRAISAL FORM – NON-TEACHING STAFF

...ote: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021 – 2022

Name: Nithan Kumar **Designation:** Attender

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date:
Place:

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

B.S.

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

PERFORM

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021 - 2022

Name: Sandhya R **Designation:** OPD Asst

Department: Cons

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry & Endodontics
Subbaiah Institute of Dental Sciences
NH.13, Purle, Shivamogga-577 222

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021-2022

Name: Pavithra B **Designation:** Pharmacy Asst.

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date:
Place:

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

B.S.

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021-2022

Name: Latha K

Designation: OPD Asst.

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date:
Place:

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

B.S.

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021-2022

Name: Rashmitha K

Designation: Library Assistant

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date:
Place:

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

B.S.

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021-2022

Name: Divya SP **Designation:** OPD Asst.

Department: Cons.

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the HOD

Head of the Department
Dept. of Conservative Dentistry & Endodontics
Subbaiah Institute of Dental Sciences
NH.13, Purle, Shivamogga-577 222.

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021 - 2022

Name: Sneha Shetty **Designation:** Clerk

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date:
Place:

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

B.S. [illegible]
Principal
Subbaiah Institute of Dental Sciences
NH-13, H.H. Road, Purle
SHIVAMOGGA-577 222, Karnataka

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021- 2022

Name: Latha ✓ **Designation:** Clerk

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date:
Place:

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-3-22
Place: Shimoga

Signature of the Principal

B.S. [illegible]

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2020 - 2022

Name: Kavya M **Designation:** Office Staff

Department: Office Superintendent

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date:
Place:

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

B.S.

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021 - 2022

Name: Divya R **Designation:** OPD Asst.

Department: Pedo

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**

His/her services may be **continued/discontinued**

B.B. Sunil

Date:

Place:

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**

His/her services may be **continued/discontinued**

B.B. Sunil

Date:

Place:

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021-2022

Name: Suresh K **Designation:** Library Assistant

Department:

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date:
Place:

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

B.S.

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021 – 2022

Name: Chaithanya G **Designation:** OPD Asst.

Department: Oral Pathology

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**

His/her services may be **continued/discontinued**

Professor and HOD
Dept. of Oral Pathology & Microbiology
Subbaiah Institute of Dental Sciences
NH-13, Purle, Shivamogga-577 222

Date: 29-03-22

Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**

His/her services may be **continued/discontinued**

Date: 29-03-22

Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021 - 2022

Name: Basavaraj H **Designation:** Lab Technician

Department: Prostho

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Head of the Department
Dept. of Prosthodontics
Subbaiah Institute of Dental Sciences
NH.13, Purale, Shivamogga-577 222.

Date: 29-03-22
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

B.S.

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021-2022

Name: Radha N **Designation:** OPD Attendin

Department: Oral Surgery

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the HOD

Head of the Department
Dept. of Oral & Maxillofacial Surgery
Subbaiah Institute of Dental Sciences
NH-13, Purale, Shivamogga-577 222

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021 - 2022

Name: Meenakshi R **Designation:** OPD Asst.

Department: Oral surgery

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Head of the Department
Department of Oral & Maxillofacial Surgery
Subbaiah Institute of Dental Sciences
NH-13, H.H. Road, Perla, Shivamogga-577 222

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

Principal
Subbaiah Institute of Dental Sciences
NH-13, H.H. Road, Perla
SHIVAMOGGA-577 222, Karnataka

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021- 2022

Name: Raghavendra MT **Designation:** Lab Tech

Department: Prostho

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**

His/her services may be **continued/discontinued**

Y.C

Head of the Department
Dept. of Prosthodontics
Subbaiah Institute of Dental Sciences
NH.13, Purale, Shivamogga-577 222.

Date: 29-03-22

Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**

His/her services may be **continued/discontinued**

Date: 29-03-22

Place: Shimoga

Signature of the Principal

B.S.

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021- 2022

Name: Sangeetha M **Designation:** Attender

Department: Prostho

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Head of the Department
Dept. of Prosthodontics
Subbaiah Institute of Dental Sciences
NH-13, Purale, Shivamogga-577 222.

Date: 29-03-22
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

B.S.

Principal
Subbaiah Institute of Dental Sciences
NH-13, H.H. Road, Purale
SHIVAMOGGA-577 222, Karnataka

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021-2022

Name: Ananthu Naik **Designation:** Lab Technician

Department: Prostho

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓	✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Head of the Department
Dept. of Prosthodontics
Subbaiah Institute of Dental Sciences
NH-13, Purale, Shivamogga-577 222

Date: 29-03-22
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

Principal
Subbaiah Institute of Dental Sciences
NH-13, H.H. Road, Purle
Shimoga-577 222, Karnataka

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021 – 2022

Name: Manoj Yadav **Designation:** DPD Asst.

Department: PHD

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**

His/her services may be **continued/discontinued**

Head of the Department
Dept. of Public Health Dentistry
Subbaiah Institute of Dental Sciences
NH.13, Purala, Shivamogga-577 222.

Date: 29-03-22

Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**

His/her services may be **continued/discontinued**

Date: 29-03-22

Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021-2022

Name: Shobha N **Designation:** OPD Asst.

Department: Ortho

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the HOD
Head of the Department
Dept. of Orthodontics & Dentofacial Orthopaedics
Subbaiah Institute of Dental Sciences
NH.13, Purale, Shivamogga-577 222

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021-2022

Name: Geetha B **Designation:** Attender

Department: Peri D

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 21-03-22
Place: Shimoga

Signature of the Principal

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021-2022

Name: Rekha BS **Designation:** OPD Asst

Department: OMR

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality			✓		
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the HOD

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

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

Principal
Subbaiah Institute of Dental Sciences
NH-13, H.H. Road, Purale
SHIVAMOGGA-577 222, Karnataka

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021 - 2022

Name: Pooja K **Designation:** OPD Asst.

Department: OMR

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline		✓			
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the HOD

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

B.S.

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

PERFORMANCE APPRAISAL FORM – NON-TEACHING STAFF

Note: Please make the assessment of the non-teaching staff working under you.

FOR THE PERIOD: 2021-2022

Name: Poojas **Designation:** OPD Asst.

Department: OMR

Sl.no.	Assessment based on:	How would you grade them?				
		Excellent	Very good	Good	Average	Poor
1.	Attendance and punctuality		✓			
2.	Conduct and discipline			✓		
3.	Understanding the instruction and 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/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the HOD
Head of the Department
Dept. of Oral Medicine & Radiology
Subbaiah Institute of Dental Sciences
NH.13, Purle, Shivamogga-577 222.

Overall performance: **Excellent/Very good/Good/Average/Poor**
His/her services may be **continued/discontinued**

Date: 29-03-22
Place: Shimoga

Signature of the Principal

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