

SS INSTITUTE OF PHARMACY
SELF -APPRAISAL FORM

SS INSTITUTE OF PHARMACY
Self -Appraisal for the Academic Year 20____-20_____

Name of the Faculty:

Designation :

Qualification :

Date of joining :

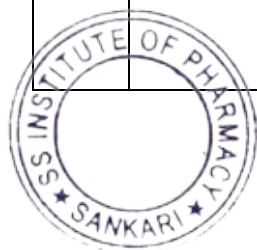
Salary as on :


Contact no :

Experience :

1.Academic result:

S.no	Semester/ Branch	Subject Code	Name of The Subject	No of students Registered	No of students Appeared	No of Students Pass	Pass Percentage	Remark




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2. Value Added / Add - On- Courses/ Hand on training for the staff

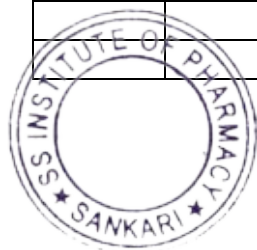
S.no	Subject Code	Name of The Subject	No of students Registered	No of students Appeared

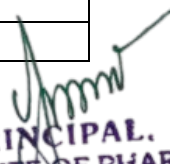
3. Participation in programmes like NPTEL,FDP, Seminar & Workshop

S.no	Date	Name of The Event	Conducted By	Duration

4. Publication(Conferences & Journals)

S.no	Date	Title	Publication	Name of the Publication




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5. Mentor for students participation in various curricular, co-curricular and extra-curricular events

S.no	Sem	Name of The Student	Event Name	Remark

6. Other Responsibility(Administrative activities at College level/ Department Level)

S.no	Name of Responsibility	Department Wise/ College Wise

7. Coaching Class (Slow Learners)

S.no	Sem	Name of the subject	No of days	Remark

8. Patents

S.no	Sem	Name of the Patent	Filing/ Published	Remark



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9. Admission Contribution (20__ - __)

S.NO	Total No of Admission			Total No of Cancelled Admission			Grand Total
	Individual	Student	consultant	Individual	Student	consultant	
TOTAL							

PRINCIPAL

CHAIRMAN



[Signature]
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