**Bihar Animal Sciences University, Patna**

**ANNUAL PERFORMANCE APPRAISAL REPORT**

**(FOR TEACHERS/SCIENTISTS)**

**YEAR:**

**PART- I**

**I. General Information**

|  |  |
| --- | --- |
| Name |  |
| Employee No. |  |
| Designation and Pay Scale |  |
| Faculty and Discipline |  |
| Area of Specialization |  |
| Present place of posting with full official address |  |
| Earned Leave availed during the period |  |

**II. Posts Held During the Year**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Designation | Duty Station | Period | | Nature of Duty |
| From | To |
|  |  |  |  |  |

**III. Teaching**

1. **Classes Taught**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Class | Course No. & Title | Credit Hours | Number of Students in Class | Individual or Sharing | Result of the Class % |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**B. Details of Innovations and Contributions in Teaching During the year**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Item | | Details |
| 1. | Design of Curriculum | |  |
| 2. | Teaching Methods | |  |
| 3. | Lab Experiments/virtual lab developed | |  |
| 4. | Evaluation Methods | |  |
| 5. | Preparation of Teaching Material including Books/Manuals | |  |
| 6. | Remedial teaching/students Counselling | |  |
| 7 | Online lectures | No. of Lectures Delivered |  |
| No. of Videos Uploaded |  |
| No. of Online Resources Provided |  |

1. **Thesis Guidance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Level | | Total Number of students working under your supervision | Number registered during the year | Number completed during the year |
| Master | Major Advisor |  |  |  |
| Advisor |  |  |  |
| Co-major Advisor |  |  |  |
| Doctoral | Major Advisor |  |  |  |
| Co-major Advisor |  |  |  |
| Advisor |  |  |  |

1. **Details of Students achievement (Guided by you)**

|  |  |  |  |
| --- | --- | --- | --- |
| Particulars | | Details | Numbers |
| Award for thesis research work | ICAR (JLN) |  |  |
| Other Awards |  |  |
| Selection in JRF/SRF/ARS | |  |  |

**E. Improvement of Professional Competence:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Items | | | | Details |
| 1. | Participation in Refresher Course/Summer School or Winter School | | > 3 weeks |  |
| < 3 weeks |  |
| 2. | Orientation Course | | |  |
| 3. | Workshop/Seminar/Symposium/ Conference etc. Attended | | |  |
|  | a. Participated | | |  |
|  | b. Paper presented | | |  |
|  | C, Abstract | | |  |
| 4 | Professional Degree /Diploma Earned | | |  |
| 5 | Online courses completed (Moocs/Coursera etc. | > 6 week | |  |
| < 6 week | |  |

**IV. Research**

**A. Involvement in Research Projects**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.  No | Project Title/Name of experiment | Capacity in  which associated | Funding Agency | Location | Duration |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**B. Major Research Contributions** (List your contribution/Research Results/Inventions/Discoveries, attach separate sheet for details)

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**C. Research Reports/Publications/Patents**

|  |  |
| --- | --- |
| Particulars | Number |
| Research Papers (Published in peer reviewed journals, with NAAS rating of Journal) |  |
| Papers Presented in Conferences (Oral Presentation) |  |
| Posters presented in conferences |  |
| Patents Submitted |  |
| Patents Awarded |  |

*Note: Enclose the list with complete details with proof of publication*.

**D. Other Contributions**

|  |  |  |
| --- | --- | --- |
| Particulars | | Number |
| Seminars/ Conference/Workshops/ | |  |
| Summer or Winter School/ Short Course organized as Director or Co-Director | |  |
| Skill development programme/module organised | |  |
| Membership of Professional Societies | Life |  |
| Annual |  |
| Office held in Professional Society | |  |
| Fellowship/ Awards/Honours/Recognition received | |  |
| Editorship of Professional Journals | |  |
| Peer Review work for Professional Journals: | |  |
| Consultancy Work and revenue earned | |  |

*Note: Enclose the list with complete details.*

**V. Extension**

**A. Training: Lectures Delivered**

|  |  |  |  |
| --- | --- | --- | --- |
| Nature | | No. of Lectures Delivered | Special Training Material supplied |
| 1. | Farmers Training |  |  |
| 2. | Farm Women |  |  |
| 3. | Youths |  |  |
| 4. | Vocational |  |  |
| 5. | Officials |  |  |
| 6. | Any Other |  |  |

**B. List of Trainings Organized as Course Director/Incharge/Associate (Specify)**

|  |  |  |  |
| --- | --- | --- | --- |
| Course/Title and Duration | (Capacity) | No. of Trainees | Type of Trainee |
|  |  |  |  |

**C. Designing /Development of A.V.AIDs/mobile Apps/digital tool/digital compendium etc.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and type of Aid | Title | Target Audience /Users | Individual / Collaborative |
|  |  |  |  |

**D. Extension Publications**

|  |  |
| --- | --- |
| Type | Topic |
| Bulletins |  |
| Booklets |  |
| Pamphlets/ Folders |  |
| Training Manuals |  |
| Popular Articles |  |
| Radio Talks |  |
| T.V. Scripts |  |
| T.O.T. Reports |  |
| Any Other |  |

**E. Organization/ Direct Involvement in field Activities:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activities | Organized /Conducted/Involved | | | Capacity as |
| Number | District | No. of Participants |
| Mini-kit |  |  |  |  |
| Block Demonstration |  |  |  |  |
| FLD’s |  |  |  |  |
| Field Demonstrations |  |  |  |  |
| Field Days |  |  |  |  |
| Farmers Fair |  |  |  |  |
| One Day Camps |  |  |  |  |
| Village Campaigns |  |  |  |  |
| Farmers Meetings |  |  |  |  |
| Discussion Groups |  |  |  |  |
| Farm Science Club |  |  |  |  |
| Diagnostic Team |  |  |  |  |
| Survey Team |  |  |  |  |
| Film Shows |  |  |  |  |
| Rural Exhibitions |  |  |  |  |
| Village Adoptions |  |  |  |  |
| Treatment Camps, Livestock Fair, preventive dosing / Vaccination |  |  |  |  |
| Any Other |  |  |  |  |

**F. Transfer of Technology:-**

|  |  |  |  |
| --- | --- | --- | --- |
| Technology/ Innovation | Bench Mark Status (Rating) | Impact Assessment | |
| Area in Ha./ No. of villages | Yield Rating |
|  |  |  |  |
|  |  |  |  |

**VI. Development work /Resources Generation**

|  |  |  |
| --- | --- | --- |
| Nature of Activity | Capacity of Involvement | Achievements |
|  |  |  |
|  |  |  |

**VII: Miscellaneous work not covered above (e.g.** Clinical/Diagnostic/Herd Health Management Services Rendered, Fish or Dairy products developed, poultry or fish seed produced , sample testing, *etc. (*documentary proof need to be attached)

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**VIII. Participation in Co-Curricular Activities and Administration:**

|  |  |  |
| --- | --- | --- |
| Administration | Dept. /Unit |  |
| College |  |
| University |  |
| Participation in Committees/ Bodies | |  |
| Co-Curricular Activities Sports/Games / Cultural Activities /NCC/NSS | |  |
| Student Welfare/Hostels | |  |
| Teachers Welfare Activities | |  |
| Farm management (Fish Farm/ Animal Farm/Poultry Farm *etc*.) | |  |
| Veterinary Clinic -Work done and Performance   1. No of outdoor patients treated 2. Participation in Helth Camps 3. No. Of autopsy conducted 4. Livestock germplasm maintained | |  |
| Processing Plan Management (Fish/Dairy) | |  |
| Any Other | |  |

Note: Attach separate sheet for details

**IX. Overall Appraisal**

1. **Significant Achievements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No. | Targets | Achievements | Shortfall | Remarks |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Suggestions to overcome the Constraints**

**Date:                             Signature of the Teacher/Officer**

**PART – II**

**X. Evaluation by Reporting Office (***Head of the department/unit will be the Reporting Officer for Asstt. Professor & Associate Professor. For Head of* *Department & Professor, Dean will be the Reporting Officer***)**

**a.**. Is the Reporting Officer satisfied that the candidate/teacher has correctlysubmitted his overall appraisal (significant Achievements): If not, why?

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**b. Suggestion/s for Improvement**:

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**c. Length of service under reporting officer**

**d. Overall Evaluation by Reporting Officer:**

|  |  |
| --- | --- |
| Particulars | Score (on 0-10 scale) |
| Punctually |  |
| Sincerity |  |
| In**i**tiative |  |
| Innovativeness |  |
| Integrity |  |
| Behavior with Superior |  |
| Behaviour with colleagues |  |
| Behaviour with subordinates & students |  |
| Zeal to acquire knowledge |  |
| Acceptance of new responsibilities |  |
| **Mean Score and Grade** |  |
| *Out Standing (9.0 to 10.0) Very Good (8.0 to 8.9) Good (7.0 to 7.9) Average (6.0 to 6.9) Below Average (5.9 and less)* | |

**d**. Remarks:

Signature of Reporting Officer…………

Name … ………………..

Designation …………………………….

Reporting Period: From……to………..

**PART – III**

**XI. Remarks of the Reviewing Authority** {*Dean/DR/DEE (depending on major function of teacher) will be the Reviewing Authority for Asstt. Professor & Associate Professor. For Head of* *Department & Professor, Dean of the college will be reporting Officer and Vice Chancellor will be reviewing and accepting authority.*

1. Length of service under the reviewing authority:

2. Is the reviewing Authority satisfied that the Reporting Authority has made his/her report with due   
 care and attention and after taking into account all the relevant material?

3.  Do you agree with the assessment of the Teacher/ Scientist given by the Reporting Authority?

(In case of disagreement, please specify the reasons)

**4.** General remarks with specific comments about the general remarks given by the Reporting Authority and remarks about meritorious work of the Teacher/Scientist.

**5**. Has the Teacher/Scientist any special characteristic, and/or any ability or aptitude which would   
 justify his/her selection for special assignment or/out of turn promotion? If so specify

6. Overall grading:

Place:……………………………                 Signature of Reviewing authority

Date……………………………                   ……………………………………………………..

      Name in Block Letters

    …………………………………………………….

    Designation

    Reporting period: From …………. To………….

XII. **Remarks of the Accepting Authority (*The* *Hon’ble Vice-chancellor*)**

Place:……………………………                              Signature ………………………………………

Date……………………………                       Name …………………………………………..

Seal of Office

 **Bihar Animal Sciences University**

**Patna**

**Proforma to obtain comments from DRI-cum-Dean, PGS for reviewing APAR of Teachers**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Year/Period | : |  |
|  | Name | : |  |
|  | Employee No. | : |  |
|  | Designation | : |  |
|  | Faculty and Discipline | : |  |
|  | Area of Specialization | : |  |
|  | Present place of posting | : |  |
|  | General comments of DRI-cum-Dean, PGS about the performance of the Teachers during the year under report. | : |  |

Place:                             Signature

Date:                       Name:

Seal of Office

 **Bihar Animal Sciences University**

**Patna**

**Proforma to obtain comments from Director Research for reviewing APAR of Teachers**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Year/Period | : |  |
|  | Name | : |  |
|  | Employee No. | : |  |
|  | Designation | : |  |
|  | Faculty and Discipline | : |  |
|  | Area of Specialization | : |  |
|  | Present place of posting | : |  |
|  | General comments of Director Research about the performance of the Teachers during the year under report. | : |  |

Place:                             Signature

Date:                       Name:

Seal of Office

 **Bihar Animal Sciences University**

**Patna**

**Proforma to obtain comments from Director Extension Education for reviewing APAR of Teachers**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Year/Period | : |  |
|  | Name | : |  |
|  | Employee No. | : |  |
|  | Designation | : |  |
|  | Faculty and Discipline | : |  |
|  | Area of Specialization | : |  |
|  | Present place of posting | : |  |
|  | General comments of Director Extension Education about the performance of the Teachers during the year under report. | : |  |

Place:                             Signature

Date:                       Name:

Seal of Office