

Report on :  
College ID :  
APAR From :

**Seema Dental College and Hospital, Rishikesh, Uttarakhand**  
**Annual Performance Self Assessment Form**

(For Lecturer, Reader and Professor)  
(Only typed proforma is acceptable)

**PART-I**

(To be filled in by the respective faculty whose work is being reviewed)

**1.1 HISTORY SHEET**

Name			
Designation			
Department			
Permanent Address			
Email ID			
Mobile #			
WhatsApp #			
DoB			
Gender			
Qualification	Year	University/Institute	
BDS			
MDS			
Awards & recognition:			Year
1.			
2.			
3.			
4.			
...			
Date of Joining in SDCH, Rishikesh			
Number of leaves taken in that year			



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## 1.2 ADDITIONAL QUALIFICATION/APPRECIATION AT INTERNATIONAL/NATIONAL/STATE/INSTITUTIONAL LEVEL

(State your academic achievements that are noteworthy for current year only. This may include academic awards, admission to fellowship of academics etc.)

1.3	<b>TEACHING:</b> (For whole academic year)
1.3.1	<b>UNDERGRADUATE</b>
1.3.1.1	No. of lectures allotted to you for the Current Year-
1.3.1.2	No. of lectures taken by you for the Current Year -
1.3.1.3	Hours per week spent in clinical teaching, demonstrations / tutorials/Practicals for the Current Year-
1.3.2	<b>POSTGRADUATE</b>
1.3.2.1	Hours per week spent in clinical teaching, seminars, conference, journal Club etc. –
1.3.2.2	No. of postgraduate students writing, these under you as a chief or as a co-supervisor-
1.3.2.3	No. of postgraduate students working in your unit of professional training-

## 1.4 CLINICAL PERFORMANCE

Furnish hours per week/ year spent by you in:

1.4.1	Number of Patients Treated Details of the treatment	
1.4.2	Number of Patients supervised Undergraduate Patients Postgraduate Patients	
1.4.3	Number of patient coming from far flung areas	
1.4.4	Any special cases	



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**1.5 RESEARCH:**

1.5	<b>RESEARCH</b>
1.5.1	Title of research projects in which you have been involved in previous year As: <b>Chief Investigator</b>
1.5.2	<b>Co-Investigator</b>
1.5.3	Title of research projects in which you were involved during year under review as: <b>Chief Investigator</b>
1.5.4	<b>Co-Investigator</b>
1.5.5	<b>Intramural</b>
1.5.6	<b>Extramural</b>
1.5.7	List your publications (Attach separate sheet if there is more than one publication. Name of all authors, with full details of each paper must be mentioned. Vancouver format should be used." Publication should be in Scopus, Web of Science, UGC Journal List, PubMed
1.5.8	List of scientific deliberations like Papers/Posters/Workshops etc. presented by you in conference/or any National or International platform.
1.5.9	List of papers, with you as co-Author presented in conferences (Name conference and attach separate sheet)
1.5.10	Please mention briefly problems which hampered you from achieving best you can.

*Nayana*  


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**1.6 ANY OTHER NOTABLE SUBMISSION**

**1.7 ADMINISTRATIVE WORK**

Mention may also be made to contribution made to work of Institute outside scope of normal duties such as work on some committees, organization of seminars, symposia, special lecture, looking after department stores or any other administrative work in department/college.

**1.8 COMMUNITY SERVICE** on which you have been engaged during period of this report.

Reference may be made here to any particular achievements outside scope of your official duties such as service to cause of Dental Education or Community Welfare like Dental Camps, Awareness campaigns etc. or in any National and International Service.

(Be brief and to point; number of words **MUST NOT** exceed 50)

Signature of Doctor whose APAR is being filled

Counter signed by Head of the Department

**Remarks by Principal**

