



TO WHOSOEVER IT MAY CONCERN

This is to certify that the information in the attached documents is verified by me and is true to the best of my knowledge.



Principal

Principal
KMCT Medical College
Manassery P.O.
Kozhikode

Self Appraisal Form

(Provide supporting documents wherever necessary)

Name:

Designation

Department:

Total years of experience:

Years of experience in the current position:

Date of Submission :

Rating Scale: 4 - Outstanding/Role Model 3 - Very Competent

 2 - Satisfactory 1 - Improvement needed

Category	Self-Rating
1. Technical Skills related to your specific job	
2. Technical Knowledge (up-gradation of knowledge via CMEs, workshops etc)	
3. Productivity(on time, quality)	
4. Research/ paper publications	
5. Interpersonal Skills (positive attitude; ability to get along well with co-workers)	
6. Communication Skills—Verbal/Written (proposals/reports, letters, e-mails, etc.)	
7. Innovation or Creativity	
8. Collaboration/Teamwork	
9. Mentoring Skills	
10. Service to institution (coordinator, committee member)	
11. Leadership Skills	
12. Professionalism (punctuality, attendance; conduct; responsiveness and follow through)	
Overall score	

- ☐ ≥ 40 - Outstanding
- ☐ 30-40 - Very efficient
- ☐ 20-30 - Satisfactory
- ☐ <20 - Needs improvement

Declaration

I hereby declare that the details provided by me here are correct to the best of my knowledge.

Name of the Employee:

Signature with date:

HOD Appraisal Form

Please comment on the performance of the employee for each item listed.

(4= outstanding; 3= Very competent ; 2 = Satisfactory; 1 = Needs improvement)

Sl. No	Domain	Appraisal	Feedback
1	Job knowledge		
2	Professional skills		
3	Quality of work		
4	Productivity		
5	Punctuality & regularity		
6	Dependability		
7	Integrity		
8	Initiative & creativity		
9	Interest in general welfare of patients and/or students		
10	Adherence to institutional policy		
11	Leadership quality		
12	Team work		
13	Overall score		

□ Overall performance:

> 40 - Outstanding

32-40 - Very competent

24-32 - Satisfactory

<24 - Needs improvement

Comments

Peer Appraisal Form

Name of faculty –

Name of reviewer

Please comment on the performance of the employee for each item listed.

(4= outstanding; 3= Very competent ; 2 = Satisfactory; 1 = Needs improvement)

Sl. No	Domain	Appraisal	Feedback/ comments
1	Job knowledge		
2	Professional skills		
3	Quality of work		
4	Productivity		
5	Punctuality & regularity		
6	Dependability		
7	Integrity		
8	Initiative & creativity		
9	Interest in general welfare of patients and/or students		
10	Inter personal skills		
11	Leadership quality		
12	Team work		
13	Overall score		

☐ **Overall performance:**

>40 - Outstanding

32 - 40 – Very competent

24-32 - Satisfactory

<24 - Needs improvement

STUDENTS FEEDBACK FORM

Name of student

Name of teacher and department

Parameters	Points
1. Punctuality	
2. Method of teaching	
3. Language/Communication skills	
4. Coverage of topics	
5. Approachability	
6. Discipline enforcement	
7. Mentoring	
8. Neat and presentable appearance	

4 - Outstanding/Role Model

3 - Very Competent

2 - Satisfactory

1 - Improvement needed

>25 Outstanding

20-25 - Very competent

15- 20 - Satisfactory

< 15 - Needs improvement

Final Appraisal assessment

Name of the faculty

Dept.

Designation

Date -

Total score of the faculty after all feedbacks -

>150 - Outstanding/ Role Model

120-150 - Very competent

92- 1119 - Satisfactory

< 92 - Needs improvement

Comments