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|  | **St. Joseph's College of Engineering and Technology, Palai**  **APPRAISAL AND 360O FEEDBACK FORM** |

**(For Faculty Members)**

(As per AICTE recommendations and As per G.O (Ms)99/202 1/HEdn, dated, Thiruvananthapuram 16.02.2021)

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| --- | --- |
| **Name** |  |
| **Present Position** |  |
| **Academic Year** |  |
| **Teaching Process** |  |

1. **Teaching Process (Max Points 25)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No** | **Semester** | **Course**  **Code/Name** | **No. of Scheduled Classes** | **No. of actually held classes** | **Point** | **Enclosure No.** |
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1. **Students’ Feedback (Max Points 25)**

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| --- | --- | --- | --- | --- |
| **Sl. No** | **Semester** | **Course Code/Name** | **Average Student feedback on the scale of 25** | **Enclosure No.** |
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1. **Departmental Activities (Max Points 20)**

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| **Sl. No** | **Semester** | **Activity** | **Credit Point** | **Criteria** | **Enclosure No.** |
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1. **Institute Activities (Max Points 10)**

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| **Sl. No** | **Semester** | **Activity** | **Credit Point** | **Criteria** | **Enclosure No.** |
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1. **ACR Maintained at Institute level (Max Points 10)**

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| **Sl. No** | **Semester** | **Activity** | **Credit Point** | **Criteria** | **Enclosure No.** |
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1. **Contribution to Society (Max Points 10)**

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| --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Semester** | **Activity** | **Credit Point** | **Criteria** | **Enclosure No.** |
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**Summary**

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| --- | --- | --- | --- |
| **Summary** | **Academic Year** | **Academic Year** | **Academic Year** |
| **1** | **2** | **3** |
| 1. Teaching Process (Max Points 25) |  |  |  |
| 1. Students’ Feedback (Max Points 25) |  |  |  |
| 1. Departmental Activities (Max Points 20) |  |  |  |
| 1. Institute Activities (Max Points 10) |  |  |  |
| 1. ACR (Max Points 10) |  |  |  |
| 1. Contribution to Society (Max Points 10) |  |  |  |
| Total (Max Points 100) |  |  |  |
| Total on 10 Point Scale |  |  |  |

Date: ……………. Signature of the faculty member

**SECTION B**

**Observations, Recommendations and Suggestions of Head of Department**

|  |  |
| --- | --- |
| **Name** |  |
| **Designation** |  |
| **Department** |  |
| **Academic Year** |  |
| **Appraisal Score in 10 Point Scale** |  |

**Observations**: (In respect of the weightage of activities claimed):

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**Recommendations/Remedial Measures suggested:**

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**Date**: …………………… **Signature of Head of Department**

**SECTION C**

**Review by the Principal and the Chairman**

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**Date**: ………………………  **Signature of Principal**

**Signature of the Chairman**