

### **6.3.5 Institutions Performance Appraisal System for teaching and non- teaching staff.**

No. 2020-21

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# MANIBEN NANAVATI WOMEN'S COLLEGE

Conducted By

Shree Chandulal Nanavati Women's Institute & Girls' High School  
Vallabhbai Road, Vile-Parle (West), Bombay 400 056.



## Performance Appraisal of Teachers

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Name Ms. Shama Ajay Chavan

**Confidential Assessment Report regarding ability and character**

**Name:** .....

**Period of Report:** .....

**Post or Posts held during the period of report:** .....

**Department/Office/Section:** .....

**Leave taken during the period E.L./C.L./Other Leave:** .....

**Performance Assessment**

Sr. No.	Item	V. Good 5	Good 4	Fair 3	Average 2	Below Average 1
I.	Technical Adequacy-					
	1. Industry					
	2. Application					
	3. Initiative					
	4. Neatness					
	5. Accuracy					
	6. Punctuality in work					
	7. Methodical and systematic working.					
	8. Promptness in disposal					
	9. Regularity in attendance					
	10. Relations with Superiors					
	11. Relations with Colleagues					
	12. Relations with members of public.					
	13. Dependability					
	14. Capacity to get work done					
II.	General Impression-					
	1. General impression and grasp					
	2. Leadership qualities					
	3. Level of knowledge (related to the Section/ Department)					
	4. Tech. ability (wherever relevant).					
	5. Spl. Complementary aptitude qualities etc. other than job requirements.					

Sr. No.	Item	V. Good 5	Good 4	Fair 3	Average 2	Below Average 1
III.	Recommendation-					
	(a) Administrative ability including judgement, initiative, promptness and drive.					
	(b) Fitness to continue in the present post.					
	(c) Fitness for promotion					
	(d) Any other item not covered but which you would like to record. Please specify the aspect.					
	(e) Recommendation - observation of the Reporting Officer.					

Date: (Signature) .....

Place:

Note. - Items covered by I, II and III may not be applicable to all categories of employees and in all cases. Where assessment in respect of particular item is not necessary, the Reporting Officer should stat in the column as NA (not applicable). Assessment has to be done in five points scale i.e. Very Good, Good, Fair, Average and Below Average.

Please mark ' ✓' in appropriate columns to arrive at final assessment.

**Observation of the Reporting Officer**

- 1. State whether the facts stated above are correct. If not, state the correct facts.
- 2. Do you agree that the self-assessment is honest and based on rational & impartial self-observation. If not, give reasons why you do not agree.
- 3. State whether the performance of Officer during the period of self-assessment can be rated as:
  - (1) Very Good, (2) Good, (3) Fair,
  - (4) Average, (5) Below Average.
- 4. Whether in your opinion the officer has -
  - (1) Potentiality to develop
  - (2) desire to develop
  - (3) Capability of making adequate efforts to develop.
- 5. Any other remarks

Date:

Place:

Signature .....

Name and Designation of the Reporting Officer.

**Observation of Reviewing Office on the Report**

(To be filled in by the Reviewing Officer)

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- 1. Length of service under Reviewing Officer during the period under report.
- 2. Do you agree with the Reporting Officer or do you wish to modify or add to his assessment ?
- 3. Observation of remarks to the employees and clarification from the reporting Officer sought, if any.
- 4. Communication of remarks to the employees and clarification from the reporting Officer sought, if any.

Date:

(Signature) .....

Place:

Name and Designation of the Reviewing Officer

Name of the Teacher: Dr. Anuja Deshpande Department: Psychology

SEMESTER: IV CLASS: SYBA SUBJECT: Psychological Testing & Assessment.

## TEACHING PLAN 2020-2021

MONTH	TOPICS TO BE COVERED	CONTENT ANALYSIS
April	Introduction to Psychological Assessment	Introduction, History, Types, Characteristics, Scope, Ethics
May	Principles of Psychological Testing	Def & Types of Reliability, Validity,
June	Measurement of Intelligence, Aptitude, Personality	Wechsler Scales, Stanford, DAT, GATB, SVII, 16 PF

CC

Signature of HOD with Date

Signature of Principal with Date