# ANNUAL CONFIDENTIAL REPORT

# Senior Professor

# Professor

# Associate professor

**Assistant professor**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REPORT FOR THE YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERIOD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NATIONAL INSTITUTE OF FASHION TECHNOLOGY**

**Performance Appraisal form of Sr. Professor/ Professor /Associate professor / Assistant Professor**

***\* No supplementary annexure to be attached with the form***

**Period from \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_**

***Part I***

1. Name of the Officer

2. Date of Birth

Date Grade

3. Date of appointment in NIFT

a) On Contract Basis

b) On Regular Basis

Date Grade

4. Present Post and date of appointment thereto

5. Period of absence from Duty

6. **Academics Deliverance**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Program | Title of the Course (Semester) | No. Of Sessions | Total Direct Teaching Hrs./semester | | Total In- Direct Teaching Hrs./semester | | |
| Theory | Practical | Internship/Placement | Graduation Project /Design Collection | Any other (specify) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Total Teaching Hours (to be taken): \_\_\_\_\_\_\_\_ Teaching Hrs (Actually Taken): \_\_\_\_\_\_\_\_

Shortfalls if any: \_\_\_\_\_\_\_\_

1. **Academic Management Co-ordination**

|  |  |
| --- | --- |
| Additional Responsibility (Specify if any Teaching Waiver) |  |
| Date of submission of Target Evaluation Form |  |
| Any Special mention for the responsibility (any Award) |  |

8. **Academic Development (Self as well as Institute)**

|  |  |
| --- | --- |
| Contribution in Curriculum development ( Course ,subjects, Documentation ) |  |
| Fairs /seminars / Shows etc. Visited- (Date , Venue , Name , Purpose) |  |
| Training Programs attended (Date , Venue , Name , Purpose ,Duration) And Date of submission of report to Dean and Director. |  |
| Any research paper /articles /research projects undertaken (Date ,Name ,other Details) |  |
| Design Research Project Undertaken (Duration , Sponsor , Other Details) |  |
| Invited for lectures, keynote addresses in forums outside NIFT |  |
| Seminar conducted in the Zero Hour (Date and Topic) |  |

9. **Contribution to other Departmental Functions**

|  |  |
| --- | --- |
| Admissions  (Any Involvement in counseling) |  |
| Involvement in any CEB paper setting and checking |  |
| Involvement as Jury Member |  |
| Mentorship- No. Of students Mentored |  |
| CE-Programs  Programs Suggested(Mention if selected) ,Programs Coordinated , Subjects Taught |  |
| Any Other (Like Internship , Placements , Classroom Projects) |  |

10. **Industry Interaction as curricular activity**

|  |  |
| --- | --- |
| Consulting Projects – Students Engagement |  |
| Industry Visits Organized for students |  |
| Lectures /Class room interactions organized with Industry members |  |
| New Companies identified for Placements, Internships. Diploma Projects ,Design Collections etc. |  |

11. **Contribution to Academic Management**

|  |  |  |
| --- | --- | --- |
|  | Date of Submission | Actual date on which submitted |
| Teaching Plan (Self) to CC |  |  |
| Mid term results-subject Wise to CC |  |  |
| End term results-Subject Wise to CC |  |  |
| Title of the seminar to Registrar |  |  |

**Signature**

**Date: Name:**

**Place: Designation:**

**Part II**

***(To be filled by Faculty being reported upon)***

**Please comment on the qualitative aspect of the initiatives and contribution in the following areas**

|  |  |
| --- | --- |
| **Curriculum Development and Deliverance** |  |
| **Industry Interaction** |  |
| **Classroom Projects/Other Projects** |  |
| **Mentoring *(any special cases resolved)*** |  |
| **Academic Management and Co-ordination activities (Additional Charge)** |  |
| **Self and Department Enhancement** |  |
| **Research/Publication /Design Research/Development** |  |
| **Continuing Education** |  |

**Please state whether the annual return on immovable property for the preceding calendar year was filled within the prescribed date, i.e 31st January of the year following the calendar year. If not, the date fo filing the return should be given.”**

|  |
| --- |
| **Comments and Suggestions for Future work:** |

**Signature**

**Date: Name:**

**Place: Designation:**

**Part II-A**

**Status of the Faculty Capacity Building Activities**

(To be filled up by the faculty)

**A. Faculty Industry Attachment (Mandatory every 3 years for Assistant/Associate Professors and every 5 years for Professors/ Senior Professors)**

|  |  |  |
| --- | --- | --- |
| 1. | Brief Particulars of the Activity Undertaken with relevant dates |  |
| 2. | Outcome/ follow- up |  |
| 3. | If the activity was mandated, but not undertaken, the reasons, thereof |  |
| 4. | If case of any short-fall in outcome/ follow up, the reasons thereof |  |
| 5. | Overall Status of the activity during the mandated frequency period |  |

**B. Documentation/ Working paper Series/ Presentation/ Publication/ Case studies (One activity Mandatory every year)**

|  |  |  |
| --- | --- | --- |
| 1. | Brief Particulars of the Activity Undertaken with relevant dates |  |
| 2. | Outcome/ follow-up |  |
| 3. | If the activity was not undertaken, the reason thereof |  |
| 4 | In case of any short- fall in outcome/ follow up, the reasons thereof |  |

**C. In – house Training (TOT) [Assistant Professor to attend one TOT every 2 years, Associate Professor to attend one TOT every 3 years & conduct at least one TOT every 3 years, Professors and Senior Professors to conduct at least one TOT every 2 years]**

|  |  |  |
| --- | --- | --- |
| 1. | Brief Particulars of the Activity Undertaken with relevant dates |  |
| 2. | Outcome/ follow-up |  |
| 3. | If the activity was mandated, but not undertaken, the reasons, thereof |  |
| 4 | In case of any short- fall in outcome/ follow up , the reasons thereof |  |
| 5 | Overall status of the activity during the mandated frequency period |  |

1. **Domestic Training (On selection basis & not mandatory)**

|  |  |  |
| --- | --- | --- |
| 1. | Brief Particulars of the Activity Undertaken with relevant dates |  |
| 2. | Outcome/follow-up |  |
| 3. | In case of any short-fall in outcome/follow-up, the reasons thereof |  |
| 4. | If the faculty was selected/deputed for training; but did not undergo the training, the reasons thereof |  |

1. **International Training (On selection basis & not Mandatory)**

|  |  |  |
| --- | --- | --- |
| 1. | Brief Particulars of the Activity Undertaken with relevant dates |  |
| 2. | Outcome/follow-up |  |
| 3. | In case of any short-fall in outcome/follow-up, the reasons thereof |  |
| 4. | If the faculty was selected/deputed for training; but did not undergo the training, the reasons thereof |  |

Note:

1. If the activity at A or C was not mandatory during the reporting period, write “Not Applicable” against the respective item, as the case may be.
2. Reporting Officer may, if necessary, verify the information furnished by the faculty from Head (FOTD).
3. Faculty to attach a list all the activities undertaken in the above identified areas, in-service and otherwise.

**Part III**

***(To be filled by Reporting Authority)***

* 1. **Please comment on the nature and quality of work as filled by the faculty in part II.**
  2. **Attributes**

1. **Discipline**
2. **Management Qualities**
3. **Initiatives and Planning**
4. **Decision making**
5. **Communication skills**
6. **Team Spirit**

1. **Time Management**

**8. Contribution**

* 1. **Comments and overall assessment on the FCB activity mandated/undertaken by the faculty”.**
  2. **Integrity**
  3. **Overall Grading: Outstanding /Very Good/Good/Average/Poor**

**Signature**

**Date: Name:**

**Place: Designation:**

**PART-IV**

***(Applicable only for Assistant Professor and Associate Professor/Professor)***

**Remarks of Reviewing Officer:**

**1. Length of service under the Reviewing Officer:**

**2. Overall Assessment**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part IV**

1. **Comment of the Reviewing Committee (applicable for Sr. Professor and Professor):**

Criterion of Evaluation and Weight age

Ex VG G Av Poor [Multiplier] Score

1) Academic Deliverance

a) Quality of Deliverance ◦ ◦ ◦ ◦ ◦ [x 2] \_\_\_\_\_\_\_

b) Completion of stipulated Hrs ◦ ◦ ◦ ◦ ◦ [x 2] \_\_\_\_\_\_

100% compliance- Ex

Upto 75% compliance-VG

Upto 60% Compliance-G

Upto 50% Compliance -Av.

Below 50% - Poor

2) Academic Management & ◦ ◦ ◦ ◦ ◦ [x 2] \_\_\_\_\_\_\_

Co-ordination (additional charge)

3) Curriculum Development ◦ ◦ ◦ ◦ ◦ [x 0.5] \_\_\_\_\_\_

4) Participation and contribution ◦ ◦ ◦ ◦ ◦ [x 1] \_\_\_\_\_\_

in departmental functions

5) Industry Interaction ◦ ◦ ◦ ◦ ◦ [x 1] \_\_\_\_\_

(Self & Students)

6) Representation outside NIFT ◦ ◦ ◦ ◦ ◦ [x 1] \_\_\_\_\_\_

7) Faculty Seminars ◦ ◦ ◦ ◦ ◦ [x 0.5] \_\_\_\_\_\_

(Applicable from 2007)

Total \_\_\_/50

Ex -5 Points

VG-4 Points

G-3 Points

Av-2 Points

Below Av-1 Point

**Signatures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

**Place:**

1. **Follow-Up Action :**

**DG-NIFT/DG-NIFT’s NOMINEE**

**Acceptance**

1. **Do you agree with the remarks of the reporting / reviewing authorities?**

|  |  |
| --- | --- |
| Yes | No |

1. **In case of difference of opinion, the reasons for the same may be recorded**

|  |
| --- |
|  |

1. **Overall Grading**

|  |
| --- |
|  |

**Date: Signature of Accepting Authority**

**Designation:**