



# **Lakshmbai National Institute of Physical Education** **(Deemed to be University)**

## **SELF APPRAISAL FORM FOR FACULTY**

### **A. General Information:**

- a) Name: .....
- b) Date of Birth: .....
- c) Designation: .....
- d) Department: .....
- e) Area of Specialization: .....
- f) Date of Appointment: .....
- g) Address (Residential)  
.....
- h) Email: ..... Contact no.: .....

Self-Attested  
passport size  
photograph

### **B. Academic and Professional Qualification:**

<b>S. No</b>	<b>Degree/Award</b>	<b>Board/ University</b>	<b>Percentage</b>	<b>Passing Year</b>	<b>Distinction</b>	<b>Remark (if any)</b>
1	Matric					
2	Intermediate					
3	Graduation					
4	Post-Graduation					
5	Ph.D					
6	D.Litt. /D. Sc.					
7	NET/JRF/SRF					
	Any Other					



## SELF APPRAISAL FORM FOR FACULTY

### C. Teaching Experience (for ongoing academic session):

a) Courses Taught (no of periods in one week)

S. No	Courses	Theory	Practical
	BPED Sem		
	BPED Sem		
	MPED Sem		
	M.Phil Sem		
	Ph.D.		
	PG Diploma Sem		
	Match Practice (Boys/Girls)		
	Conditioning Classes		
	Any other		

b) Other Responsibilities (in this academic session)

i. External Examiner (both Inside and outside University)

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ii. Internal Evaluation

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iii. Paper setting

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iv. Thesis/Dissertation

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## SELF APPRAISAL FORM FOR FACULTY

### D. Improvement of professional competence

a) Attended/participated till now excluding this academic session (Only total no.)

S. No	Event	Total Numbers
1	Refresher Course	
2	Orientation Course	
3	Special Course / School	
4	International Conferences, Seminars and Workshops as Organizer	
5	International Conferences, Seminars and Workshops as Presenter	
6	International Conferences, Seminars and Workshops as Resource Person	
7	National Conferences, Seminars and Workshops as Organizer	
8	National Conferences, Seminars and Workshops as Presenter	
9	National Conferences, Seminars and Workshops as Resource Person	

b) Attended/participated in this academic session.

S. No	Event
1.	Refresher Course / Orientation Course / Special Course / School
2.	International Conferences, Seminars and Workshops as Organizer/ Presenter / Resource Person
3.	National Conferences, Seminars and Workshops as Organizer/ Presenter / Resource Person



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**E. Research Contributions:**

a) Supervised till now excluding this academic session

S. No	Course	Awarded	Submitted	Undergoing
1	Ph.D.			
2	M. Phil			
3	MPed Thesis			
4.	MPED Projects			

b) In this academic session

S. No	Course	Awarded	Submitted	Undergoing
1	Ph.D.			
2	M. Phil			
3	MPed Thesis			
4.	MPED Projects			

c) **Research Projects Details**

Projects Completed:

S. No	Title	Funding Agency	Completion Date	Grant
1				
2				

Projects Ongoing:

S. No	Title	Funding Agency	Starting Date	Grant
1				

d) **Editorial Contribution:**

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e) **Publishing own journal (print/online) with the permission of higher authorities of institute.**

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**Academic Publication:**

a). **Detail of publications so far excluding this academic session (Total no. only):**

S. No	Published	Numbers
1	International Journal	
2	National Journal	
3	Proceeding of International/National Conference	
4	Book	

b). **Detail of publications in this academic session:**

S. No	Title	Detail of Journal/ Proceeding/ Book	ISSN / ISBN	Year	International / National



**F. Participation in corporate life:**

Please give a short account of your contribution to:

- a) Co-Curricular Activities

- b) Enrichment of campus life (hostels, sports, games, cultural activities)

- c) Students Welfare and Discipline

- d) Membership/Participation in Bodies/Committees on Education and National Development

- e) Positions held/leadership role played in organization linked with extensions work and national services scheme (NSS), or NCC or any other similar activity.

Signature of the Teacher



**G. Verification of factual Data:**

- a) General Information
- b) Teaching
- c) Details of Innovations/Contribution in Teaching, During the year
- d) Improvement of Professional Competence
- e) Research Contributions
- f) Extension Work/Community Service
- g) Participation in Corporate Life.

Signed and Verified by  
Head of the Department



**Observations to be recorded by the Head of the department.**

S. NO	Statements	Excellent/Very Good/fair Bad/very Bad.
1	Observations on the factual date supplied by the teacher.	
2	Professional competence evinced.	
3	Punctuality and regularity.	
4	Participation in the departmental work.	
5	Relation with colleagues.	
6	Relation with Student.	

Date.....

**Signature of the Head of the Department**

Remarks of the Vice Chancellor:

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Date.....

**Signature of the Vice Chancellor**