



**SARDAR BEANT SINGH STATE UNIVERSITY
GURDASPUR (PUNJAB) 143530 INDIA**

Annual Confidential Report (Teaching Staff)

Period of Report from _____ to _____

PART -1 (To be filled by the Faculty Member)

Name of the Faculty Member (CAPITAL)	
Designation	
Department	
Qualification	
Date of Joining at SBSSU / (BCET) Gurdaspur	

1. Teaching Subjects and Results

S. No.	Course	Semester	Branch & Section	Subject	Pass percentage in Univ Exams	Remarks
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

2. Thesis/Projects Supervised (Attach annexure if required)

Thesis/Project	Number of Thesis/Projects	Remarks
PhD Thesis		
M. Tech. Thesis		
Major Projects		
Minor Projects		
Others		

3. Seminars / Conferences / STC etc. Organized (Attach annexure if required)

Seminar/Course	Number	Remarks
Seminars		
STC/FDP/STTP		
Workshops		
Conferences		
Others		

4. Seminars / Conferences / STC etc. Attended (Attach annexure if required)

Seminar/Course	Number	Remarks
Seminars		
STC/FDP/STTP		
Workshops		
Conferences		
Others		

5. Publications in Journals (Attach annexure if required)

Authors and Title of Publication	Journal Name, Year, Vol.(Issue) Page no.	SCI/SCIE /Scopus/UGC	Are you a First Author/ Corresponding / Supervisor	Impact Factor as per SCI (Thomson Reuters) (if any)

6. Publications in Conferences (Attach annexure if required)

Authors and Title of Publication	Conference Name, Year, Vol.(Issue) Page no. ISSN No. (if any)	Full length/ Abstract	Were you presenter	Are you a First Author/ Corresponding / Supervisor	Remarks

7. Awards and Appreciations

International/National/ State/University Level	Description	Remarks

8. Research / Consultancy Projects

Project Details	Amount	Status/Patent/Remarks

9. Additional Duties Performed

(a) University Level

S. No.	Duty Performed	Duration		Remarks
		From	To	
1.				
2.				
3.				
4.				
5.				
6.				
7.				

10. Department Level

S. No.	Duty Performed	Duration		Remarks
		From	To	
1.				
2.				
3.				
4.				
5.				
6.				

11. Any Other Information (Not Covered Above)

Signature of the Faculty Member	
Name (CAPITAL)	
Date	

PART -2 (For HOD)

Job Performance and Abilities

Grade	Excellent	Very Good	Good	Satisfactory	Below Satisfactory	Very Poor
	5	4	3	2	1	0

S. No.	Parameter	Grade Awarded
1.	Knowledge of the subject	
2.	Teaching and analytical ability	
3.	Regularity in taking classes	
4.	Effectiveness in covering course syllabi	
5.	Organizational ability	
6.	Keenness and enthusiasm	
7.	Cooperation	
8.	Accepts responsibility willingly	
9.	Sincerity	
10.	Student evaluation	
11.	Contribution to organization	

PART -3

Remarks by HOD

Overall Rating: (Excellent / Very Good / Good / Satisfactory / Below Satisfactory / Poor)		
Comments: Appreciation, Weaknesses (if any) Advice (if required)		
Signature and Date		
Name		

Remarks by Vice Chancellor

Signature and Date	