



KMCT AYURVEDA MEDICAL COLLEGE

Approved by NCISM and Affiliated to Kerala University of Health Sciences

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the information in the attached documents is verified by me and is true to the best of my knowledge



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PRINCIPAL
K.M.C.T. AYURVEDA
MEDICAL COLLEGE

Manassery PO, Mukkam, 673602, Kozhikode, Kerala
☎ 0495-229 4664 ✉ ayurveda@kmct.edu.in



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PERFORMANCE APPRAISAL



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SELF APPRAISAL FORM (PROVIDE SUPPORTING DOCUMENTS WHEREVER NECESSARY)

NAME :
DESIGNATION :
DEPARTMENT :
TOTAL YEARS OF EXPERIENCE :
YEARS OF EXPERIENCE IN THE CURRENT POSITION :
DATE OF SUBMISSION :

RATING SCALE

4 - Outstanding, 3 - Very competent, 2 - Satisfactory, 1 - Needs improvement

CATEGORY	SELF RATING
1. Technical skills related to your specific job	
2. Technical knowledge (up gradation of knowledge)	
3. Productivity (on time, quality)	
4. Research/ paper publication	
5. Interpersonal skills (interpersonal skills, ability to get along with coworker)	
6. Communication skills	
7. Innovation/ creativity	
8. Collaboration/team work	
9. Mentoring skills	
10. Service to institution (coordinator, committee member)	
11. Leadership skills	
12. Professionalism (Punctuality, attendance, conduct, responsiveness)	

Scoring

>50 Outstanding 35-50 Very Competent
20-34 Satisfactory <20 needs improvement



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INNOVATION AND
ENTREPRENEURSHIP
DEVELOPMENT CENTRE





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HOD APPRAISAL FORM

Please comment on the performance of employee for each item listed

- 4 – Outstanding 3 – Very competent
2 – Satisfactory 1 – Needs improvement

SL NO	DOMAIN	APPRAISAL	FEEDBACK
1.	Job Knowledge		
2.	Professional Skills		
3.	Quality of work		
4.	Productivity		
5.	Punctuality and regularity		
6.	Dependability		
7.	Integrity		
8.	Initiative and creativity		
9.	Interest in general welfare of students		
10.	Adherence to institutional policy		
11.	Leadership quality		
12.	Team work		
13.	Overall Score		

Scoring

- >50 Outstanding 35-50 Very Competent
20-34 Satisfactory <20 needs improvement



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PEER APPRAISAL FORM

NAME OF FACULTY :

NAME OF REVIEWER:

Please comment on the performance of employee for each item listed

4 - Outstanding, 3 - Very competent, 2 - Satisfactory, 1 - Needs improvement

SL NO	DOMAI N	APPRAISAL	FEEDBACK
1.	Job Knowledge		
2.	Professional Skills		
3.	Quality of work		
4.	Productivity		
5.	Punctuality and regularity		
6.	Dependability		
7.	Integrity		
8.	Initiative and creativity		
9.	Interest in general welfare of students		
10.	Interpersonal skills		
11.	Leadership quality		
12.	Team work		
13.	Overall Score		

Scoring- >50 Outstanding, 35-50 Very Competent, 20-34 Satisfactory, <20 needs improvement



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STUDENTS FEEDBACK FORM

PROVIDE SUPPORTING DOCUMENTS WHEREVER NECESSARY

NAME OF STUDENT :

NAME OF TEACHER AND DEPARTMENT :

PARAMETERS	POINTS
Punctuality	
Method of teaching	
Language or communication skills	
Coverage of topics	
Approachability	
Discipline enforcement	
Mentoring	
Neat and presentable appearance	

4 – OUTSTANDING /ROLE MODEL

3-VERY COMPETENT

2-SATISFACTORY

1-IMPROVEMENT NEEDED

>25 OUTSTANDING

20-25 – VERY COMPETENT

15-20 – SATISFACTORY

<15 – NEEDS IMPROVEMENT



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FINAL APPRAISAL ASSESSMENT

Name of faculty :

Department :

Date :

Total score of faculty after all feedbacks

>200 outstanding

150 – 200 Very competent

100 – 149 Satisfactory

< Needs improvement



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