INTERNAL QUALITY ASSURANCE CELL (IQAC)

GIRIJANANDA CHOWDHURY UNIVERSITY

Hathkhowapara , Azara, Guawhati - 781017

# APPRAISAL AND 360° FEEDBACK FORM

(As per AICTE recommendations)

## SECTION A

|  |  |
| --- | --- |
| Name |  |
| Designation |  |
| Department |  |
| Academic Year |  |

1. **Teaching Process (Max Point 20)** Note: 10 Credit point for each semester

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.  No. | Semester | Subject Code | Subject Name | No. of Scheduled  Classes | No. of actually held classes | Points earned | CO attained | Supporting  Document  Index No. |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Average Weightage out of 20 Points | | | |  |  |  |  |  |

* **CO attainment level is mandatory for all teaching subjects. Supporting documents index to be mentioned clearly.**

1. **Students' feedback (Max Point 20)** Note: 10 Credit point for each sem. & min.70% students data

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.  No. | Semester | Subject Code | Subject Name | Average Student feedback on the  scale of 20 | Points earned | Supporting Document  Index No. |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Average Weightage out of 20 Points | | | |  |  |  |

1. **Departmental Activities (Max credit 20)** Note: 10 Credit point for each semester

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.  No. | Semester | Activity | Credit Point | Criteria | Supporting Document  Index No |
|  |  |  |  |  |  |
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1. **Institute Activities (Max Credit 10)** Note: 5 Credit point for each semester

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| --- | --- | --- | --- | --- | --- |
| S.  No. | Semester | Activity | Credit Point | Criteria | Supporting Document  Index No |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

#### ACR maintained at institute level (Max Credit 20) and Result (Max 10 Credit Point)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Extraordinary** | **Excellent** | **Very Good** | **Good** | **Satisfactory** | **Poor** |
| 10 | 9 | 8 | 7 | 5 | 0 |
| 100-96% | 95-90% | 89-80% | 79-70% | 69-55% | Below 55% |

**Result Summary**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.  No. | Semester | Subject  Code | Subject Name | No. of Students  Registered | No. of Students  Passed | Result % |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Average **Weightage** out of 10 Points | | | |  |  |  |

#### Research (Max 10 Credit Point)

**Research Publication Summary (Weightage period: 1 July to 30 June of every academic year)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Category | SCI | SCI-Extended | Scopus | Scopus Indexed / WOS | Other |
| Marks (per unit) | 4 | 3 | 2 | 1.5 | 1 |
| No. of Papers |  |  |  |  |  |
| Total marks earned |  |  |  |  |  |
| Average Weightage out of 10 Points | | | |  |  |

#### Contribution to Society (Max Credit 10)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.  No. | Semester | Activity | Credit  Point | Criteria | Enclosure  No. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| Summary | Academic Year | Academic Year | Academic Year |
| 1 | 2 | 3 |
| A. Teaching Process (Max Points 20) |  |  |  |
| B. Students' feedback (Max Points 20) |  |  |  |
| C. Departmental Activities (Max Points 20) |  |  |  |
| D. Institute Activities (Max Points 10) |  |  |  |
| E. ACR (Max Points 20) |  |  |  |
| F. Contribution to Society (Max Points 10) |  |  |  |
| Total (Max Points 100) |  |  |  |
| Total on 10 Point scale |  |  |  |

**Date :** ……………………… **Signature of Faculty Member**

## SECTION B

### Observations, Recommendation and Suggestions of Head of Department

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|  |  |
| --- | --- |
| Name |  |
| Designation |  |
| Department |  |
| Academic Year |  |
| Appraisal Score in 10 Point Scale |  |

**Observations:** (In respect of the weightage of activities claimed):

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#### Recommendations/Remedial Measures suggested:

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**Date :** ……………………… SEAL **Signature of Head of Department**

## SECTION C

### Recommendations / Approval of Director

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**Date :** ……………………… SEAL **Signature of Director**