



GRY INSTITUTE OF PHARMACY

BORAWAN, KHARGONE

(Approved by AICTE & PCI; Affiliated to RGPV; Recognized by Govt. of M.P.)

Visit us at: <http://www.gryip.com>, E-mail: principalgry@gmail.com, Contact: +91 8889605044

6.3.5 Institutions Performance Appraisal System for teaching and non-teaching staff

S.N	Particulars	Page No
1.	Sample copy of appraisal form for teaching staff	01-03
2.	Service book scan pages for teaching staff	04-07
3.	Service book scan pages for non-teaching staff	08-09

GRY Institute of Pharmacy, Borawan

APPRAISAL FORM (FOR TEACHING STAFF)
Session January 2019 to December 2019

Date:

Name:

Designation:

Date of joining:

Qualification:

Specialization:

1) A. Subject (s) taught during odd semester (Session January 2019 to December 2019)

S. No	Year	Sem	Subject code	Subject name	Theory/ practical	Total Teaching Hours

B. Subject(s) taught during even semester (Session January 2019 to December 2019)

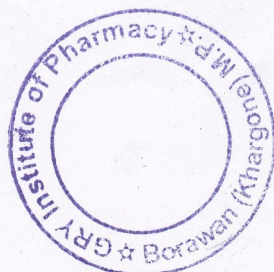
S. No	Year	Sem	Subject code	Subject name	Theory/ practical	Total Teaching Hours

2. Research/ Review publication during January 2019 to December 2019. (Attach copy of publication) *Note: Publication details of only staff/ guided student as corresponding author to be given. Please do not mention if you are a co author although collaborative work can be mentioned limited to two authors , with justification of coauthor contribution..*

S.No	Author Name	Title	Name of Journal with ISBN/ISSN No	Whether Journal is notified by UGC	Month & Year of Publication	Issue and Vol	Page no From - To	Indexed In/ Impact factor

3. Conference/Seminar/QIP/SDP Attended during January 2019 to December 2019. (Attach copy of certificates)

S.No	Name of Conference / Seminar /SDP/QIP	Venue	Duration	Title of Oral/Poster presentation	Date	
					From	To



deu
Principal,

4. Book Published/ Chapter in book published: January 2019 to December 2019.(Attach cover page of book)

S.No	Authors Name	Title of Book	Publisher	Issue and Volume	Year

5. Awards, Achievements and Patents if any (Give Details)

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6. University examination duties (only details of practical to be given from January 2019 to December 2019)

S.No	Date	Semester	Subject name	Subject code	Internal	External	Name of Institute

7. Academic/Administrative/Leadership/Admission any other responsibilities:

S.No	Position	Committee	Responsibility	Work done

8. Your contribution towards betterment of institute during January 2019 to December 2019.

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9. Current active research work:

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10. Leaves Availed (From January to December 2019)

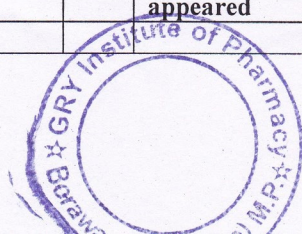
S. No	Type of leave	No of leaves taken	Total of all types of leaves
1	CL		
2	EL/SB		
3	OD		
4	ML		
5	LWP		

11. Any other achievements/Remarks which you would like to specify.

.....

12. A) Result Analysis (Theory and Practical to be mentioned separately) *For ODD semester (As per subject mentioned in Column 1A and 1B)*

S.No	Year/ Sem	Subject name with code	T/P	Total no of regular student appeared	Total no of regular student Passed	Total no of students with %					
						80 above	71-80	61-70	50-60	Below 50	Total



Principal,
GRY. Institute Of Pharmacy

12. B) Result Analysis (Theory and Practical to be mentioned separately) *For EVEN semester (As per subject mentioned in Column 1A and 1B)*

S.No	Year/ Sem	Subject name with code	T/P	Total no of regular student appeared	Total no of regular student Passed	Total no of students with %					
						80 above	71-80	61-70	50-60	Below 50	Total

13. Professional Development, Co-Curricular and Extension Activities

S.No	Nature of Activity	Measures Taken	Actual Hours spent during the session	Outcome
1	Remedial/Tutorial classes Taken			
2	Career counseling to students			
3	Placement of student (s)			
4	Helping students for study tour/Industrial visit.			
5	Students seminar			
6	Offered any Quiz/Debate/etc			
7	Interactive Learning			
8	Power Point learning			
9	GPAT Preparation			
10	Cultural/sports			
11	Cooperation to the Head of Institute for Institutional Governance			
12	Ant ragging Committee/Squad			
12	As Lab Incharge			
13	As Teacher Guardian			
14	Other academic area Incharge (Specify)			
15	Admission Activity			
16	Hostel Responsibilities			
17	Proposal sent for grant of seminar/ conference/ workshop/FDP			
18	Proposal Sent for Project Grant			
19	NSS activity			
20	Being Pharmacist any social responsibility/ awareness done			
21	Any other			

Signature of Faculty

Recommendation by Principal/Management

Date.....



Principal,
GRY. Institute Of Pharmacy
 BORAWAN (KHARGONE) 451 228



SERVICE BOOK

Name _____
Subject _____
From _____ To _____ Year _____

Swaastik

सेवा पुस्तिका
SERVICE BOOK

नाम NAME Bhoopendra Patidar

पद DESIGNATION Asst. Professor

कार्यालय OFFICE

प्रारंभ दिनांक STARTING DATE 01.06.2018

शपथ

शपथ नेता हैं कि सत्य निष्ठा से

प्रतिज्ञा करता हूँ कि भारत के प्रति तथा विश्व द्वारा स्थापित भारत के संविधान के प्रति, श्रद्धा और सत्य निष्ठा

रखूंगा तथा मैं अपने पद के कर्तव्यों का निर्वहन भक्ति पूर्वक सत्यता से और निष्पक्षता से करूंगा।

(एतदर्थ इश्वर मेरा सहाय हो)

हस्ताक्षर 

Oath of Allegiance

I, B. H. S. PATIDAR swear/solemnly affirm that I will be faithfully bear true allegiance to India and to the Constitution of India as by law established me will carry out the duties of my office loyally, and with impartiality.

(so help me god)

Signature 

सूचना (Notice)

(जिस कर्मचारी को यह सेवा पुस्तिका दी जाती है उसकी ओर से उसके पद के अनुसार ऐसा कोई दुर्यहारा या जुटि हो जाए कि उससे सरकार या किसी व्यक्ति के रूपयों का नुकसान हो तो जो राशि कर्मचारी ने अपने पद से अच्छे कार्य के लिये सुरक्षा के रूपये सेविंग बैंक में रखा है वह दण्ड स्वरूप जप्त हो सकेगा। शासकीय कर्मचारी को पदांकन करने की यह एक शर्त है।)

(Money deposited in the Saving Bank as security for the proper discharge of his official duties by the official to whom this service book is used is liable to forfeiture for any misconduct, act or omission on his part in virtue of his official position which involves loss of money either to the Government of to any person, this is a conditions of his employment in the Government Service.)

Stavika

Employee Code No.

G.P.F. Account No.

1. नाम तथा उपनाम (Name & Surname)

BHOPENDRA PATIDAR

2. पिता का नाम (Father's Name) KAMAL CHAND PATIDAR

3. निवास तथा डाक पता

(Postal Address) VILL + POST - ITAWADI, TEN. MAHESHWAR

4. जन्म तिथि अंकों में 07/03/1986 शब्दों में MARCH, 5TH, 1986 प्रमाणित

(Date of birth in figure & words) (Attested by) D. K. KHARANE

5. ठीक ऊंचाई 5'5" (Exact height)

6. जाति धर्म या कोम IANDEAN (Caste Religion or Race) HINDU

7. पहचान के निशान (Mark or Identification) MOLE ON FACE

8. शैक्षणिक योग्यता नियुक्ति के समय (Educational Qualification)

परीक्षा का नाम वर्ष बोर्ड या ति. ति.

(i) M. PHARM 2012 RAVI श्रेणी विषय P' CHEMISTRY
(ii) B. PHARM 2010 RAVI I
(iii)
(iv)
(v)

9. कर्मचारी के बायें हाथ के अंगूठे एवं उंगलियों के निशान (Thumb and finger impression of Left hand)

कनिष्ठ उंगली (Little Finger)



तर्जनी उंगली (Fore finger)



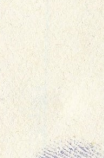
मध्य उंगली (Middle Finger)



अनामिका (Ring Finger)

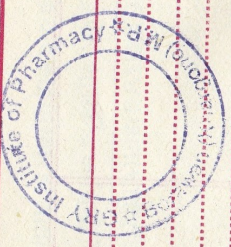


अंगूठा (Thumb)



10. शासकीय कर्मचारी के हस्ताक्षर व दिनांक (Signature of Govt. Servant with date after every 5 years)

(i)
(ii)
(iii)
(iv)
(v)



प्रमाणित
Signature of Govt. Servant with date after every 5 years

प्रमाणिक अधिकारियों के द्वारा प्रमाणित व दिनांक
Signature of Attesting Authority & Date

Stavika

शपथ

मैं Akhilash Yadav शपथ लेता हूँ कि सत्य निष्ठा से प्रतिज्ञा करता हूँ कि भारत के प्रति तथा विधि द्वारा स्थापित भारत के संविधान के प्रति, श्रद्धा और सत्य निष्ठा रखूंगा तथा मैं अपने पद के कर्तव्यों का निर्वहन भक्ति पूर्वक सत्यता से और निष्पक्षता से करूंगा।
(एतदर्थ ईश्वर मेरा सहाय हो)

हस्ताक्षर Akhilash

Oath of Allegiance

I, Akhilash Yadav to swear/solemnly affirm that I will be faithfully bear true allegiance to India and to the Constitution of India as by law established me will carry out the duties of my office loyally, and with impartiality.
(so help me god)

Signature Akhilash

सूचना (Notice)

(जिस कर्मचारी को यह सेवा पुस्तिका दी जाती है उसकी ओर से उसके पद के अनुसार ऐसा कोई दुर्यहार या झूटि हो जाए कि उससे सरकार या किसी व्यक्ति के रूपयों का नुकसान हो तो जो राशि कर्मचारी ने अपने पद से अछड़े कार्य के लिये सुरक्षा के रूपये सेविंग बैंक में रखा है वह दण्ड स्वरूप जप्त हो सकेगा। शासकीय कर्मचारी को पदांकन करने की यह एक शर्त है।)

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Swastika

Employee Code No.

G.P.F. Account No.

1. नाम तथा उपनाम (Name & Surname)

Akhilash Yadav

2. पिता का नाम (Father's Name)

Rajendra Yadav

3. निवास तथा डाक पता (Postal Address)

Bohaura

4. जन्म तिथि अंकों में (Date of birth in figure & words)

20/07/77 शब्दों में दोषी सुहाई उजारीसो रसकोरिखत
(Attested by)

5. ठीक ऊंचाई (Exact height)

5.6

6. जाति धर्म या कौम (Caste Religion or Race)

हिन्दू

7. पहचान के निशान (Mark or Identification)

दाई उंगल पर चोट का निशान

8. शैक्षणिक योग्यता नियुक्ति के समय (Educational Qualification)

बोर्ड या वि. वि. श्रेणी विषय

- (i) 10th 1993 भा. वि. स. भोपाल II Bio-geology
(ii) 12th 1996 भा. वि. स. भोपाल III Bio-geology
(iii) B.C.M.S 2002 भा. वि. स. श. (दण्ड) I Bio-geology
(iv)
(v)

9. कर्मचारी के बायें हाथ के अंगूठे एवं उंगलियों के निशान (Thumb and finger impression of Left hand)

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तर्जनी उंगली (Fore finger)



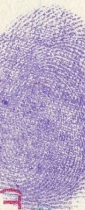
मध्य उंगली (Middle Finger)



अनामिका (Ring Finger)

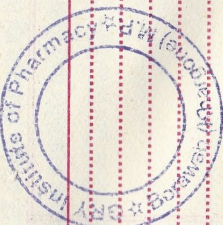


अंगूठा (Thumb)



10. शासकीय कर्मचारी के हस्ताक्षर व दिनांक (Signature of Govt. Servant with date after every 5 years)

- (i)
(ii)
(iii)
(iv)
(v)



[Signature]
प्रमाणिकरणकर्ता अधिकारी के हस्ताक्षर व दिनांक
G.P.F. Institute of Pharmacy
Signature of attesting Authority & Date

Swastika

1	2	3	Rs.	P.	Rs.	P.	Rs.	P.	7	8
Name of Appointment and Scale of Pay	Whether Substantive or officiating Permanent or temporary	If officiating here State the Substantive appointment	Pay in substantive appointment	Other emoluments falling under the term pay	Additional pay officiating	Date of Appointment	Signature of Government Servant			
लक्ष्मी देवी	स्थायी	स्थायी	3200 + 971.50	शामिल है	अतिरिक्त वेतन	21/11/2013	[Signature]			
श्री. क. वि. शर्मा	स्थायी	स्थायी	3200 + 971.50	अन्य जो वेतन में शामिल है	स्थायी वेतन	21/11/2013	[Signature]			
श्री. क. वि. शर्मा	स्थायी	स्थायी	3200 + 971.50	अन्य जो वेतन में शामिल है	स्थायी वेतन	21/11/2013	[Signature]			
श्री. क. वि. शर्मा	स्थायी	स्थायी	3200 + 971.50	अन्य जो वेतन में शामिल है	स्थायी वेतन	21/11/2013	[Signature]			

Savitri
 GRY. Institute of Pharmacy,
 BORAWAN (Kharagone) 451228

9	10	11	12	13	14	15
Signature and Designation of the Head of the Office in attestation of columns (1-8)	Date of termination of appointment	Reason of termination (such as promotion Dismissal etc.)	Signature of the Head of the office or other Attesting officer	Leave taken Nature and duration	Signature of Head of the office or other Attesting Officer	Reference to pay recorded punishment or censure or reward or praise of the officer
[Signature]	21/11/2013	अन्य कारण	[Signature]	अवकाश	[Signature]	कर्मचारी को दिया गया दण्ड या पुरस्कार अथवा प्रशंसा पत्र आदि का विवरण
[Signature]	21/11/2013	अन्य कारण	[Signature]	अवकाश	[Signature]	कर्मचारी को दिया गया दण्ड या पुरस्कार अथवा प्रशंसा पत्र आदि का विवरण

Savitri
 GRY. Institute of Pharmacy,
 BORAWAN (Kharagone) 451228