Godavari Foundation's



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DR. ULHAS PATIL MEDICAL COLLEGE & HOSPITAL,

Recognized by Medical Council of India, Approved by Central Govt. of India, New Delhi, Letter no. MCI-34(41)/2012-med./158127, dated 05/02/2013 Affiliated to Maharashtra University of Health Sciences, Nashik [College Code-1306] Jalgaon-Bhusawal Road, NH-6, Jalgaon Kh, Tal. & Dist. Jalgaon 425309 Tel. No. (0257)2366657, 2366678 Fax No. 0257-2366648 Email ID : dupmci@vahoo.in Web Site : www.dupmc.ac.in

				icjæyanoo.in	<u> </u>		ww.dupme.ac.m			
		Staff	Perform	nance S	elf-Ap	prai	isal Repor	't		
		Aca	ademic Ye	ar: From (01/08/202	21 to	31/07/2022			
Name	of Faculty									
Quali	Qualification Designation:									
Depa	rtment					Date	of Joining			
	ersity Approved y with Date					Total	Teaching Exp.	:		
iacuit	*			ECTION- I.						
	Tea	aching Lear	ning and E	valuation:	(Total Cr	edit F	Points:40)			
А. Т	Seaching Load D	etails (15 Cı	redit Points)				To be filled	by Faculty	
	No. of Lectures /Practical Scheduled	No. of Lectures/ Practical Conducted	No. of Tutorials/ SGD Scheduled	No. of Tutorials/ SGD Conducted	No. o Semin Demonst Schedu	ar/ ration	No. of Seminar/ Demonstration Conducted	n Overall Percentage of Attendance		
	Guidelines for Ev (100% or m		t points ; 90 -	- 99 conduct	ted: 12 cre		ints ; 80 – 89 % oints; Below 69			
В. Т	eaching Load A	cademic Scl	nedule Deta	ils: (25 Cre	edit Point	is)		To be fill	ed by Facu	lty
	Use of Pedagogical Aids in T-L method (5 credit points)	Paper s Paper cl Departme (5 credit	hecking ental work	Efforts ta improven Students pe (5 credit	ment of rformance		ject Guided to Students credit points)	Funded Research Projects Undertaken (5 credit points)		
	I	I			ION: II					I
A 1	Research, Aca									
A. 1			isity level /	U		eun p	-		filled by fa	aculty
Sr	Examination			Centre		Worked External / I			n Days	
1.										
2.										
3.										

Guidelines for Evaluation: Duration of Examination: 1 day one credit point. Maximum 10 credit points

B.	B. Research Article Published in National, International Journal / Book Chapter Published								
	First author: 7 Credit Point /Activity; Second author: 5 Credit Point /Activity. (Max. 2 activity)								
1.	Title								
	Name of Journal								
	Indexed In		Author Order						
	Publication Details	Year/Volume/Issue/Page Number							
2.	Title of Book								
	Publisher		ISBN No.						
	Publication Details	Edition / Year							

C.	C. Paper / Poster presented in conference										
	5 Credit Point /Activity (Max. 2 activity)										
1,	Title of Paper / Poster										
	Conference Details	Organized by									
		Place and Date									
2.	Title of Paper / Poster										
	Conference Details	Organized by									
		Place and Date									

D.	D. Seminar/ Conference/ Workshop/ CPD/ FDP, etc Participated										
	5 Credit Point /Activity (Max. 2 activity)										
Sr	Name of Program	Place & Date	Duration	Organized by							
1.											
2.											

Е.	E. Contribution as Resource Person, Invited speaker, Reviewer, Session Chair, Members of Conference Committee (Not organized by own institute) / Patent/ Copy right										
	8 Credit Point /Activity (Max. 2 activity)										
Sr	Name of Program	Place & Date	Contribution as	Organized by							
1.											
2.											
Atta	iched copy of all relevant do	ocument for Section II									

		SECTION-	111					
	Extension and Co-Curricula	r activities with Professi	onal Development: (Total	Credit Point: 30)				
A.]	Participation in organizing cu	rricular/ co-curricular/	extracurricular activities					
	5 Cr	edit Point /Activity (Ma	x. 2 activity)					
Sr	Name of Committee	Position Held	ition Held Name of Activity Duration &					
1.								
2.								
Guid	elines for Evaluation: (Inchar Memb	ge/ coordinator of comn er of committee- 2 credi						
B. (Contribution in UG/PG Admi	ssion process/ Counselli	ng/ Institutional Developm	nent (NAAC/NABH etc				
	5 Cr	edit Point /Activity (Ma	x. 2 activity)					
Sr	Name of Committee	Position Held	Name of Activity	Duration & Date				
1.								
2.								
Guid	elines for Evaluation: (Inchar Memb	ge/ coordinator of comm er of committee- 2 credit	-					
C.]	Participation in Administrativ	e and other responsibili	ity					
	5 Cr	edit Point /Activity (Ma	x. 2 activity)					
Sr	Name of Committee	Position Held	Name of Activity	Duration & Date				
1.								
2.								
Guid	elines for Evaluation: (Inchar Memb	ge/ coordinator of comn er of committee- 2 credi		<u> </u>				

	SECTION- IV Involvement of staff in other Activities/ Additional Academic Progress: (Total Credit Point: 20)										
A. N	A. MoU made with organization/ Alumni work										
	5 Credit Point /Activity (Max. 1 activity)										
Sr	Name of Committee	Position Held	Name of Activity	Duration & Date							
1.											
Guide	lines for Evaluation: (Inchar; Membo	ge/ coordinator of comn er of committee- 2 credi									

B.	Additional degree/ super speci	ality degree/ Ph.D./											
	5 Credit Point /Activity (Max. 1 activity)												
Sr	Name of Program (course)	Place & Registration Date	Duration of Program										
1.													
C.	Short courses / online courses	done by faculty											
	5 Cr	edit Point /Activity (Ma	x. 1 activity)										
Sr	Name of Course	Name of Course Conducted by Course Duration											
1.													
2.													
Atta	ched copy of all relevant docum	nent											
D.	Any Award / Appreciation Cer	rtificate (Not from own	Institution) received by fac	culty									
	5 Cr	edit Point /Award or Ap	opreciation Certificate (Ma	x. 1 Consider)									
Sr	Name of Award	Place & Date	Local/ State/ any other	Awarding agency									
1.													
2.													
Atta	ched copy of all relevant docun	nent											

			SECTION- V Other Information									
A. Leave taken by faculty / Absent from the Institute with details: (From 01/08/2021 to 31/07/2022)												
C.L	S.L	P.L	C-off	SPL	LWP							
B. Memo	s received durin	ıg said assessment y	ear:		<u> </u>							
C. Targe	t Given/Faculty	Commitment (if An	y):									
_												

Declaration:

I,	, faculty of
	_Department, hereby declare that the information provided is
true and complete to the best of	my knowledge.
Date:	
Place:	
	(Name & Sign of Faculty)

The information supplied by staff ______

is verified and found to be correct and authentic.

Signature Head of Department

	Remark
H.O.D.:	
Registrar:	
Dean:	

I. Summary: API Score Sheet (Evaluation Table)															
	Sec	tion I		S	ection	II		Se	ction]	III		Sect	tion IV	7	
Particulars	A	В	A	B	C	D	E	A	B	C	A	B	С	D	Total
Total Credit Points	15	25	10	14	10	10	16	10	10	10	5	5	5	5	150
Credit Points Obtained															

Evaluation Analysis and feedback to faculty:

Credit points 50% - 60% = Need to give assurance for improvement in next assessment year

Credit points 60% - 74% = Encourage to improve next year.

Credit points 75% and above = Issue letter of Appreciation

Dean Dr. Ulhas Patil Medical College, Jalgaon

Chairman Godavari Foundation Dr. Ulhas Patil Medical College, Jalgaon