



SRI SIDDHARTHA ACADEMY OF HIGHER EDUCATION

("Declared as Deemed to be University u/s 3 of the UGC Act, 1956")

Agalakote, B.H.Road, Tumkur – 572 107.KARNATAKA, INDIA.

Staff Self Appraisal Form

(From 1st September 20__ to 31st August 20__)

Affix recent
passport size
photograph

Faculty :	<i>Medicine</i>
Name of the College :	<i>Sri Siddhartha Medical College</i>
Department :	

1.1	Name	
1.2.	Age	
1.3	Gender	
1.4	Nationality	
1.5	Indicate whether belongs to SC/ST/OBC/Minority	
1.6	Address for correspondence (with Pin code)	Mob : No. E-mail ID:
2.1	Position / Designation	
2.2	Department	
2.3	MBBS (year of passing /Institution)	
2.4	MD / MS / P.G Diploma /Ph.D (year of passing /Institution)	

2.5	Additional Qualification / Fellowships / Certificate Courses						
26	Any Awards						
3	<i>Total Teaching Experience</i>						
3.1	In SSMC (Date of Joining)						
3.2	In Other Institutions						
3.3	Other Professional Experience						
4	Have you attended ToT / Faculty Development Programmes	As resource person: As Trainee :					
5	<i>Research, Publications and Academic Contributions :</i>						
5.1	<i>Published Papers in Journals</i>						
	Title with Page No's	Journal	ISSN/ ISBN No./ SCOPUS No.	Whether peer reviewed impact Factor, if any	No. of Co-Authors	Whether you are the main author	Sponsoring Agency & Expenditure
5.2	<i>Articles / Chapters published in Books :</i>						
	Title with Page No's	Book Title, editor & publisher	ISSN/ ISBN No.	Whether peer reviewed	No. of Co-Authors	Whether you are the main author	Sponsoring Agency & Expenditure

5.3	<i>Full Papers in Conference Proceedings</i>						
	Title with Page No's	Details of Conference Publication	ISSN/ ISBN No.	No. of Co-Authors	Whether you are the main author	Sponsoring Agency & Expenditure	
5.4	<i>Books Published as Single author or as editor</i>						
	Title with Page No's	Type of Book & Authorship	Publisher & ISSN ISBN No.	Whether peer reviewed	No. of Co-Authors	Whether you are the main author	Sponsoring Agency & Expenditure
5.5	<i>Ongoing and Completed Research Projects and Consultancies</i>						
	Title		Agency		Period		Grant / Amount Mobilized (Rs lakh)
5.6	<i>Training Courses, Teaching-Learning-Evaluation Technology Programmes, Faculty Development Programmes</i>						
	Programme		Duration	Date & Place		Organized by	

	<i>Invited Lectures and Chairmanships at National OR International Conference / Seminar etc.</i>			
	Title of Lecture / Academic Session	Title of Conference / Seminar etc.,	Organized by	Whether International / National
5.7				
	<i>Research Papers Presented In Conferences</i>	Topic	Place	Date
5.8	State			
	National			
	International			
5.9	<i>No. of Conference attended</i>	State		
		National		
		International		
5.10	<i>No. of Conference Organized</i>	Topic	Department	Date & Place
	State			

	National				
	International				
6	<i>Research Work Undertaken</i>				
6.1	Unaided				
6.2	Aided / Sponsored				
6.3	College /ICMR /SBMR/ others				
6.4	Any Extraordinary Work Done				
6.5	Any contribution / work done to improve medical education:				
	<i>GUEST LECTURES PRESENTED AT CONFERENCES / INSTITUTIONS:</i>				
	State Level				
7	National Level				
	International				
8	Participation In Affiliated University Activities				
9	Participation In MCI Activity				
10	Membership of professional bodies / organizations (with positions held, If any) :				
11	Work done in areas of Professional Development / Medical Education :				
12	Would you like to mention any thing else significant / noteworthy about yourself :				

13	Are you satisfied with your work (on a scale of 1 to 5)	1	2	3	4	5
14	<i>Period of Teaching Experience (in years)</i>	Lecture Classes Hrs	Practicals /Demonstration Hrs :		Bedside Clinics Hrs :	Tutorials Hrs :
	Under Graduate Classes					
	Post Graduate Classes					
15	Do you maintain a work diary?	YES :		NO :		

Date:

Signature of Staff Member

Observation of the Head of the Department:

Observation of the Principal:

For University Office Use: