



**Dr. Ram Manohar Lohiya National Law University
Lucknow**

Annual Performance Appraisal Report (APAR)

Year 20... - 20...

(FOR ASSISTANT PROFESSOR, ASSOCIATE PROFESSOR AND PROFESSOR)

Name :

Designation :

Employee I.D. No. :

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Date of Birth (DD/MM/YYYY) :

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Department :

Period : One Year from the date of Joining

Year :

Due Date :

Date:

(Signature)

PART-I
SELF APPRAISAL

(To Be Filled by the Teacher Concerned)

i.	Name	:	
ii.	Designation	:	
iii.	Address (Residential/Phone No.)	:	
iv.	Academic Pay Level	:	
v.	Date of first appointment at Dr. RML National Law University, Lucknow	:	
vi.	Date of appointment on present post	:	
vii.	Date of superannuation	:	
viii.	Qualifications	:	
ix.	Confirmed/on probation	:	
x.	Date of confirmation/end of probation	:	

Part (A)

(As per Table 1 of UGC Regulations 2018)

(i) Teaching *(Classes taught includes sessions on tutorials, lab and other teaching related activities)*

S.N.	Course/Class(es)	Academic Year	No. of Classes Assigned	No. of Classes Taught	(No. of Classes taught/total classes assigned) X 100%	Self-Assessment

(ii) Courses Designed

S.N.	Details	Academic Year	Relevant Proof/Evidence	Self-Assessment

(iii) Modifications of curriculum in Existing Courses

S.N.	Course	Academic Year	Relevant Proof/Evidence	Self-Assessment

(iv) Mode of Deliberations

S.N.	Course/Class(es)	Academic Year	Innovative Teaching Methods	Self-Assessment

Part (B)

Involvement in the University Students related activities/research activities

(a) Administrative responsibilities such as Head/Chairperson/ Dean/ Director/ Co-ordinator, Warden etc.

S.N.	Name of the activity	Academic Year	Relevant Proof/ Evidence	Self-Assessment

(b) Examination and evaluation duties assigned by the university or attending the examination paper evaluation

S.N.	Type of Examination duties (Paper settings, investigation and evaluation of answer scripts)	Academic Year	Relevant Proof/ Evidence	Self-Assessment

(c) Student related co-curricular, extension and field-based activities such as student clubs, career counselling, Study visits, student seminars and other events, cultural, sports, NCC, NSS and community services.

S.N.	Name of the activity	Academic Year	Relevant Proof/ Evidence	Self-Assessment

(d) Organising seminars/conferences/workshops, other university activities.

S. N.	Name of the activity with dates	Academic Year	International Level	National Level	State/ Regional/ University Level	Convener/ Coordinator/ Member	Relevant Proof/ Evidence	Self-Assessment

(e) Evidence of actively involved in guiding Ph.D students.

S.N.	Activity (Ph.D. guidance)	Academic Year	Enrollment Year	Thesis Submitted	Degree Awarded	Relevant Proof/ Evidence	Self-Assessment

(f) Conducting minor or major research project sponsored by national or international agencies.

S.N.	Title/Subject of Research Project(s)	Whether major or minor project	Date of Commencement	Date of Completion	Total Grants/Funding received (Rs.)	Name of Sponsor ing/ Funding Agency	Whether National or International	Whether Outcome /Outputs sent to Sponsoring Agency(s)	Whether final report published as monograph book	Relevant Proof/ Evidence	Self-Assessment

(g) Single or joint publication in peer-reviewed or UGC list of Journals (Attach proof/evidence).

S. N.	Title of Research Paper(s)/ Articles	Whether Sole Author or Co-author	Name of the Journal	Published in Peer-reviewed or UGC List of Journals	Vol. No/Issue No. Year and page No.	ISSN	Level (Int./ Nat./ State/ Local)	Scopus /WoS Indexed	Impact Factor	Self-Assessment

a)	Additional qualifications acquired, if any, this year	
b)	Punctuality and Regularity in taking classes	
c)	Reasons for having not taken the total of allotted scheduled classes in the year	
d)	Punctuality and Regularity in attending to duties	
e)	Distinction/honour and recognition conferred this year (details)	
f)	Interest taken in Faculty/Department development	
g)	Leave taken (Earned Leave/Study Leave/Duty Leave/Compensatory Leave /Detention Leave/ Sabbatical Leave/ Deputation Leave/Extraordinary Leave/ Leave without pay etc.)	
h)	Additional information in respect to performance, achievements and contribution	
i)	Techniques improved/developed/innovated this year	
j)	Any disciplinary action/adverse administrative communication/warning/ pending enquiry, if any, against you during this year.	

I hereby declare that the above information shared by me is true to the best of my knowledge

Date: ___/___/___	Signature:
	Name:
	Designation:

Note: Please attach the documentary evidence to support your claim where necessary.

PART-II

DETAILED ASSESSMENT BY THE REPORTING OFFICER

APAR Year 20.... - 20....

i.	Name of the Teacher		
ii.	Designation		
iii.	Date of Appointment		
iv.	Remarks on Do you agree with the self-appraisal details submitted by the teacher, if not, comment on the specific item on which you have disagreement		
v.	Activity	Grading Criteria	Assessment
Part-A	Teaching: (Number of classes taught/total classes assigned)x100% (Classes taught includes sessions on tutorials, lab and other teaching related activities)	Good- 90% and above Satisfactory- Below 90% but 80% and Not satisfactory- Less than 80%	
Part-B	Involvement in the University/College students related activities/research activities: a. <i>Administrative responsibilities such as Head, Chairperson/ Dean/ Director/ Co-coordinator, Warden etc.</i> b. <i>Examination and evaluation duties assigned by the college / university or attending the examination paper evaluation.</i> c. <i>Student related co-curricular, extension and field based activities such as student clubs, career counseling, study visits, student seminars and other events, cultural, sports, NCC, NSS and community services.</i> d. <i>Organizing seminars/ conferences/ workshops, other college/university activities.</i> e. <i>Evidence of actively involved in guiding Ph.D students.</i> f. <i>Conducting minor or major research project sponsored by national or international agencies.</i> g. <i>Single or joint publication in peer reviewed or UGC list of Journals.</i>	Good - Involved in at least 3 activities Satisfactory - Involved in 1-2 activities Not-satisfactory - Not involved / undertaken any of the activities Note: Number of activities can be within or across the broad categories of activities	
vi.	Relation with students		
vii.	Relation with colleagues/subordinates		
viii.	Punctuality and regularity in teaching		
ix.	State of Health		
x.	Any disciplinary action/adverse administrative communication/ warning pending enquiry against the teacher		

xi.	Conduct of the teacher	
xii.	Integrity of the teacher	
xiii.	Any other remarks:	

Overall Grading (Circle one): Good, Satisfactory, Not-satisfactory

Date

Signature:

Name:

Designation:

(Seal of the Reporting Officer)

Overall Grading:

- **Good:** Good teaching and satisfactory or good in activity at Part (B). Or
- **Satisfactory:** Satisfactory in teaching and good or satisfactory in activity at Part (B).
- **Not Satisfactory:** If neither good nor satisfactory in overall grading

(For more details, the Reporting Officer(s) may refer the necessary guidelines provided in Appendix-II (Table-1) of UGC Regulations on Minimum Qualifications for Appointment of Teachers and Other Academic Staff in Universities and College and Measures for the Maintenance of Standards in Higher Education, 2018)

Recommendations of the IQAC

Verified/Not Verified:

**Date & Signature
Director IQAC
Seal**

P A R T-III

REMARKS OF THE REVIEWING/ACCEPTING AUTHORITY

APAR Year 20.... - 20....

Name of the Teacher :

Designation :

Date of Appointment :

1. Specific remarks on the assessment of Reporting Officer:
2. Adverse Remarks, if any, at items in the self-appraisal and/or comments or Reporting Officer:

3. Summary appraisal

*On the performance of the Teacher
(Circle one)*

Good
Satisfactory
Unsatisfactory

*On the Conduct of the Teacher
(Circle one)*

Good
Satisfactory
Unsatisfactory

4. Any other remarks:

Signature

Name :

Designation : Vice-Chancellor

(Seal of Reviewing/Accepting Authority)

Date:

Note: Opinion/remarks be such that it be sustained with valid reasons.