



# Kalinga institute of social sciences

## Deemed to be university

Annual Self-Assessment and Performance Based Appraisal System (PBAS)

Academic Session/Year\_\_\_\_\_

### Part-A: (General Information)

1. Name( in Block Letters):
2. Father's Name/Mother Name:
3. Name of the School and Subject
4. Current Designation
5. Address for Correspondence( with Pin Code)
6. Permanent Address ( with Pin Code)
7. Telephone
8. Email:
9. Whether acquired any degrees or new academic qualification during the year under assessment:
10. Whether attended any online/offline lectures talks during the year under assessment:

SI No	Topic of the Lecture	Date	Time	Name of the Organizer

11. Whether attended any Faculty Improvement Programme of KISS-DU and/or any Orientation/Refresher Course during the year under assessment:

SI No	Topic of the Lecture	Faculty Improvement/ Orientation Course	Date	Time	Name of the University

Full Signature of the Teacher  
Date:

**Part-A: (Academic Performance Indicators)**  
**Category I- Teaching, Learning and Evaluation Activities**

(i) Give Semester-wise account of Lectures, Seminars, Tutorials, Practicals, Contact Hours

Sl No	Semester	Course/Paper	Method of Teaching* L/S/T/P/C	Level(M.A./ M.Phil)	Hours allotted per week	Number and Percentage of Classes Taken

- L-Lecture, S-Seminar, T-Tutorial, P-Practical, C-Contact Hours

(ii) Reading Reading/Instructional material consulted and additional knowledge resources provided to students

Sl No	Course/Paper	Consulted	Prescribed	Additional Resource provided

(iii) Use of Participatory and Innovative Teaching-Learning Methodologies, Updating of Subject Content, Course Improvement etc.

Sl.No.	Short Description of the Methods of Innovative Teaching

(iv) Examination Duties Assigned and Performed

Sl.No	Type Of Examination Duties	Duties Assigned	Extent to which carried out (%)

Full Signature of the Teacher  
Date:

## Category II -Co-Curricular, Extension, Professional Development Related Activities

Please mention your contribution to any of the following:

Sl.No	Type of Activity	Average Hrs./week
	(i) Extension,Co-Curricular & field based Activities	
	(ii) Contribution to Corporate Life and Management of the Institution	Yearly/Semester wise responsibilities
	(iii) Professional Development Activities	

Full Signature of the Teacher  
Date:

### Category III -Research, Publications & Academic Contributions

(i) Published Papers in Journals

Sl no.	Journal Name with Volume, Issue, Year, Pages from _____ to_____	ISBN/ISSN, Refereed / Non refereed, Indexed/ Non-indexed/ UGC-CARE Listed	Impact Factor If any Scopus/ SCI	National/ International With DOI , if any	Status as author (First/Corresponding/ supervisor)

### III A (ii) Conference Proceedings as Full Papers (Abstract not to be included)

Sl. No.	Authors, Title, Vol., Page No., Year	Details of conference publications	ISBN/ISSN, Refereed / Non refereed, Indexed/Non-indexed	Impact Factor	No. of Co-authors	Status as author (First/ Corresponding/ supervisor)

Full Signature of the Teacher

Date:

### III B(i) Articles/ Chapters Published in Books

Sl. No.	Authors, Title of Book	Editor & Publisher	ISBN/ISSN No.	Whether peer reviewed /	No. of Co-authors	Status as author or as editor

### III C(i) Sponsored Projects carried out/ ongoing

Sl. No.	Title of the Sponsored project	Duration	Amount Sanctioned	Funding Agency	Status as Investigator	Completed/ Ongoing

### III C(ii) Consultancy Projects carried out/ ongoing

Sl. No.	Title of the Consultancy project	Duration	Amount Sanctioned	Funding Agency	Status as Investigator	Completed/ Ongoing

Full Signature of the Teacher  
Date:

### III C(iii) Completed Projects/Consultancies (Quality Evaluation)

Sl. No.	Title of the projects/consultancies	Completed project report accepted by funding agency	Amount Sanctioned	Funding Agency	Status as Investigator

### III C(iv) Projects Outcome /Outputs

Sl. No.	Title of the projects/consultancies	Patent/ Technology transfer/ Product/ Process/Policy document	Amount Sanctioned	Funding Agency	Status as Investigator

Full Signature of the Teacher  
Date:

### III D. M.Phil Research Guidance (only Degree Awarded)

Sl. No.	Name of the student/ Enrolment No.	Title of Thesis	Degree awarded (Year)

### III E. PhD Research Guidance (only Degree Awarded)

Sl. No.	Name of the student/ Regd. No	Title of Thesis	Guide Co-Guide	Degree awarded (Year)

Full Signature of the Teacher  
Date:

### **III E. Training Courses and Conferences/ Seminar/ Workshop attended**

**E(i). Refresher Courses, Teaching-Learning-Evaluation Technology Programmes, Faculty Development Programmes  
(not less than one week duration)**

Sl. No.	Name of Programme	Organized By	Duration

### **E(ii). Papers presented in conferences, seminars, workshops, symposia**

Sl. No.	Title of the paper presented	Title of Conference/ Seminar/ Workshops/ Symposia	International/ National/ State/ Regional/ College or University level

### **E(iii) Invited Lectures and Chairmanships at National or International Conference/Seminars etc.**

Sl. No.	Title of the Invited lecture/ Academic Session	Title of conference/ seminar/ refresher course etc.	International/ National

Full Signature of the Teacher  
Date:



### **PART C: OTHER RELEVANT INFORMATION**

Please give details of any other credential, significant contributions, awards received etc. not mentioned earlier.

<b>S. No.</b>	<b>Details (Mention Year, value etc. where relevant)</b>

**LIST OF ENCLOSURES:** *(Please attach copies of certificates, sanction orders, papers etc. wherever necessary).*

<b>1.</b>	<b>6.</b>
<b>2.</b>	<b>7.</b>
<b>3.</b>	<b>8.</b>
<b>4.</b>	<b>9.</b>
<b>5.</b>	<b>10.</b>

I certify that the information provided is correct as per records available with the University and/or documents enclosed along with the duly filled AS PBAS proforma.

**Signature of the Registrar,  
KISS-DU**