

GOVERNMENT OF MIZORAM
HIGHER & TECHNICAL EDUCATION DEPARTMENT
Annual Self-Assessment for the Performance Based Appraisal
System (PBAS)

Session / Year :

(To be completed and submitted at the end of each academic year)

Name of College : _____

PART A : GENERAL INFORMATION

1. Name (in Block Letters) :
2. Father's Name / Mother's Name :
3. Department : *Higher & Technical Education*
4. Current Designation & Grade Pay :
5. Date of Last Promotion :
6. Address for correspondence :
(with pin code)

7. Permanent Address (with pin code) :

Telephone No. :

E-mail :

8. Whether acquired any degrees or fresh academic qualification during the year:

9. Academic Staff College Orientation / Refresher Course attended during the year :

Name of the Course/ Summer School	Place	Duration	Sponsoring Authority

PART B: ACADEMIC PERFORMANCE INDICATORS

CATEGORY – 1 : TEACHING, LEARNING AND EVALUATION RELATED ACTIVITIES

1.1 Lectures, Seminars, Tutorials, Practical, Contact Hours (give semester-wise details, where necessary)

Sl. no	Course/ paper	Level	Mode of teaching	Hours per week allotted	% of classes taken as per documented record

*Lecture (L), Seminar (S), Tutorial (T), Practical (P), Contact Classes(C)

Sl. No.	Activity	API Score
1.1	Classes Taken (max 50 marks for 100% Performance & proportionate score up to 80% performance, below which no score may be given.	
1.2	Teaching Load in excess of UGC norm (max score : 10)	

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

Sl. No.	Course / Paper	Consulted	Prescribed	Additional Resource provided
API score based on preparation and imparting of knowledge / instruction as per curriculum & syllabus enrichment by providing additional resources to students (max. : 20)				API score

(1.4) Use of Participatory and Innovative Teaching-Learning Methodologies, Updating of subject content, Course improvement etc.

Sl. no	Short Description	API Score
	Total Score (Max. Score : 20)	

(1.5) Examination Duties Assigned and Performed

Sl. no	Type of Examination Duties	Duties Assigned	Extent to which carried out (%)	API Score
	Total Score (Max. : 25)			

CATEGORY – II: CO-CURRICULAR, EXTENSION, PROFESSIONAL, DEVELOPMENT RELATED ACTIVITIES

II. Please mention your contribution to the following:

Sl.no	Type of Activity	Average Hrs. / Week	API Score
	(II.1) Student related Co-curricular, extension & field based activities		
	Total (Max. : 20)		
	(II.2) Contribution to Corporate life and Management of the Institution through Committees	Yearly/Semester wise responsibilities	API Score
	Total (Max : 15)		
	(II:3) Professional Development Activities	Yearly/Semester wise responsibilities	

	Total (Max : 15)		
	Total Score (II.1 to II.3) (Max: 50)		

CATEGORY – III: RESEARCH, PUBLICATIONS AND ACADEMIC CONTRIBUTIONS

III.A (i) & (ii) Papers published in Journals

Sl. no	Title with page nos.	Name of the Journal	ISSN / ISBN No.	Whether peer reviewed. Impact Factor, If any	No. of Co-authors	Whether you are the main author	API Score

III.A.(iii) Full Papers published in Conference Proceedings etc.

Sl. No.	Title with page nos.	Details of Conference Publication	ISSN/ISBN No.	No. of Co-authors	Whether main/co-author	API Score

III.B. (I -iv&v) Text/Reference Books Published or Edited/Proceedings of Seminar etc. Edited.

Sl. No.	Title with page nos.	Type of Books/ Proceedings & Author/Editor	Publisher & ISSN / ISBN No.	Whether Peer reviewed	Co-authors/ Co-Editor, if any.	Whether you are the main author.	API Score

III.B. (v&vi) . Articles/Chapters published in Books.

Sl. No.	Title with page nos.	Type of Books/ Proceedings & Author/Editor	Publisher & ISSN / ISBN No.	Whether Peer reviewed	No. of Co-Author	Whether you are the main author	API Score

III.C. (i-iii) Ongoing and Completed Research Projects and Consultancies/Patent/Technology transfer/Product/Process (for Sciences) Major Policy document of Govt. Bodies.

Sl. no	Title	Funding Agency	Period	Amount	Whether policy document / patent outcome?	API Score

III.D. Research Guidance

Sl. No.	Number Enrolled	Thesis Submitted	Degree awarded	Supervisor/ Jt. Supervisor	API Score
M.Phil. or equivalent					
Ph. D. Or equivalent					

III.E.Post Doctoral Degree

Sl. No.	Title	Year	University	Supervisor	API Score
D.Sc/D.Litt.					

III.F. (i) Training Course, Teaching-Learning – Evaluation Technology Programmes, Faculty Development Programmes Attended (not less than one week duration)

Sl. No.	Programme	Duration	Organized by	API Score

III.F. (ii) Conferences/Seminars/Workshops/Symposia attended.

Sl. No.	Title of the Paper presented	Title of Conference/ Seminar etc.	Organized by	Whether International/ National/ State/ Regional/ College or University level	API Score

III.F.(iii) Invited Lectures delivered and Chairmanship at International/ National/ Regional/ Local Conference/ Seminar etc.

Sl. No.	Title of Lecture/ Academic Session	Title of Conference/ Seminar etc.	Organized by	Whether International/ National/ Regional/ Local or University level	API Score

III.G.(i) Organization of Refresher Courses, Methodology Workshops, Training Courses, Summer/Winter School/Teaching-Learning Evaluation Technology Programmes, Soft Skills Development Programmes, Faculty Development Programmes.

Sl. No.	Programme	Duration	Sponsoring Agency	API Score

III.G.(ii) Organization of Seminar/Symposia/Conference/Workshop etc. and Meetings of PAC/PAMC of UGC/CSIR/DST/MoES/DBT/MoEF/ICSSR/ICHR/DoE etc.

Sl. No.	Title of the Conference/ Seminar etc.	Duration	Sponsoring Agency	Whether International/ national/State/ Regional/ College or University level.	API Score

III.H. Awards/Honours/Recognitions.

Sl. No.	Name of the Award	Awarding Agency	Whether international/ national/ regional/ State level	API Score

III.I. Peer Reviewing of Papers/Projects Proposals/Evaluation of Project Completion Reports etc.

Sl. No.	Title of the Paper	Name of the Journal	ISSN/ISBN Number	Impact factor, if any	

IV. SUMMARY OF THE API SCORES.

Sl. No.	Criteria	Total – API Score for Previous Assessment period	Total – API Score for Assessment Period	Annual Average API Score for Assessment period
I	Teaching, Learning and Evaluation related activities.			
II	Co-curricular, Extension, Professional Development related activities.			
	TOTAL (I & II)			
III	Research and Academic Contributions.			

PART C : OTHER RELEVANT INFORMATIONS

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

Sl. No.	Details (Mention Year, value etc. Wherever relevant)

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

I certify that the information provided is correct as per records documents enclosed along with the duly filled PBAS proforma.

**Signature of the faculty with
Designation, Place & Date.**

I certify that the information provided is correct as per records available with the College documents enclosed along with the duly filled PBAS proforma.

Signature of Principal

NB: The individual PBAS proforma duly filled along with all enclosures, submitted for CAS promotions will be duly verified by the College as necessary and placed before the Screening-cum-Evaluation Committee or Selection Committee for assessment / verification.

FORMAT OF ANNUAL CONFIDENTIAL REPORT FOR GROUP 'B'
OFFICER AND STAFF
(EXCLUDING TECHNICAL OFFICER AND STAFF)

SECTION-I

PERSONAL DATA

(To be filled in by the Official reported upon)

Annual Confidential Report from _____ to _____

1. Name of Official (in capital letters) : _____
2. Present post/grade/rank held : _____
3. Date of continuous appointment : _____
to the present post
4. Date of Birth : _____

5. Reporting, Reviewing and Accepting Authorities :

	Name & Designation	Period Worked
Reporting Authority		
Reviewing Authority		
Accepting Authority		

6. Period of absence on leave, etc.

	Period	Type	Remarks
On Leave (Specify type)			
Others (Specify)			

7. Training Programs attended

Name of training programme(s)	Period of training	Name of institute

SECTION – II
SELF APPRAISAL

1. Brief description of duties and responsibilities (about 100 words):

2. Please specify important targets/objectives/goals that were set for you or set by yourself in order of priority for the reporting period and your achievement against such targets/objectives/goals:

Sl No	Targets/objectives/Goals	Achievements
1)		
2)		
3)		
4)		
5)		
6)		

3. What are the factors that hindered your performance?
4. During the period under report, do you believe that you made any exceptional contribution, e.g successful completion of an extraordinarily challenging task or major systemic improvement (resulting in significant benefits to the public and/or reduction in time and costs)? If so, please give a verbal description (about 100 words):
5. Please indicate specific areas in which you feel the need to upgrade your skills through training programs:

Date :_____ Signature of the Official :_____

Name (in block letters) :_____

Designation :_____

SECTION – III
REMARKS OF THE REPORTING AUTHORITY

1. Please state whether you agree with the responses relating to the accomplishment of the work plan and unforeseen tasks as filled out in Section II. If not, please furnish factual details :
2. Please comment on the claim (in made) of exceptional contribution by the officer reported upon :
3. Quality of output (Please comment on the quality of performance having regard to the standard of work):
4. Communication Skills (Please comment the ability of the Official to communicate with brevity, clarity and accuracy in writing as well as orally) :
5. Attitude to work (Please comment on the extent of reliability of the Official; his sense of responsibility; toe extent to which he is dedicated and willingness to learn) :

6. Initiative (Please comment on the capacity of the Official in handling normal as well as unforeseen tasks; willingness to shoulder additional responsibilities and new areas of work) :
7. Knowledge of sphere of work (Please comment on the knowledge of laws/rules/guidelines/procedures/IT skills and awareness of the local norms in the relevant areas) :
8. Relation with fellow employees and the public (Please comment on the Official's performance in establishing professional relationship with superiors, colleagues and subordinates as well as his capacity to work as a team. Further comment on the Official's accessibility and responsiveness to the public, wherever applicable) :
9. Regularity and punctuality in attendance:
10. Has the Official been reprimanded for indifferent work or for other causes during the period under report? If so, please give brief particulars :
11. Please comment on the integrity of the Official reported upon (In general, the remarks relating to the column on integrity in the Confidential Reports on the Official reported upon shall be made by the Reporting authority in any one of the options mentioned below:
 - i. *Beyond doubt.*
 - ii. *Since the integrity of the Official is doubtful, a secret note is attached.*
 - iii. *Not watched the Official's work for sufficient time to form a definite judgment but nothing adverse has been reported to me about the Official:*

12. Pen picture by reporting Authority (Please comment in about 100 words) on the overall qualities of the Official including areas of strengths and lesser strengths and hi attitude towards weaker sections:

13. Overall grading : _____
(Outstanding/Very good/Good/
Average/Below average)

(An Official should not be graded Outstanding unless exceptional qualities and performance have been noticed; grounds for giving such a grading should be clearly brought out)

Date : _____ Signature of Reporting Authority : _____

Name (in block letters) : _____

Designation : _____

SECTION – IV
REMARKS OF THE REVIEWING AUTHORITY

1. Is the Reviewing Authority satisfied that the Reporting Authority has made his report with due care and attention after taking into account all the relevant material?

2. Do you agree with the assessment made by the Reporting Authority in section – III?

3. In case of difference of opinion details and reasons for the same may be given.

4. Pen pictures by reviewing Officer. Please comment (in about 100 words) on the overall qualities of the officer including areas of strengths and lesser strength and his attitude towards weaker sections.

5. Overall grading : _____
(Outstanding/Very good/Good/
Average/Below average)

(An Official should not be graded Outstanding unless exceptional qualities and performance have been noticed; grounds for giving such a grading should be clearly brought out)

Date : _____ Signature of Reviewing Authority : _____
Name (in block letters) : _____
Designation : _____

SECTION – V
REMARKS OF THE ACCEPTING AUTHORITY

1. Do you agree with the remarks of the reporting / reviewing authorities?

2. In case of difference of opinion details and reasons of the same may be given.

3. Overall grading : _____
(Outstanding/Very good/Good/
Average/Below average)

(An Official should not be graded Outstanding unless exceptional qualities and performance have been noticed; grounds for giving such a grading should be clearly brought out)

Date : _____ Signature of Accepting Authority : _____
Name (in block letters) : _____
Designation : _____

**GOVERNMENT OF MIZORAM
HIGHER AND TECHNICAL EDUCATION DEPARTMENT**

Annual Self-Assessment for the Performance Based Appraisal System (PBAS)

Session / Year: 2020 - 2021

(To be completed and submitted at the end of each academic year, instruction for filling-up the pro forma is appended)

Name of College : GOVT. JOHNSON COLLEGE

PART-A: GENERAL INFORMATION

1. Name (In Block Letters) : PROF. K. VANLALMAWIA
2. Father's Name / Mother's Name : K. SATZAUVA
3. Department : MIZO DEPARTMENT
4. Current Designation and Grade Pay : Professor, Rs. 10,000/-
5. Date of last Promotion
 - (a) Asst. Professor : 27.07.1998
 - (b) Associate Professor with AGP : 27.07.2006; Rs. 9,000/-
6. Address for Correspondence (with Pin Code) : GOVT. JOHNSON COLLEGE, AIZAWL :
Pin - 796001
7. Permanent Address (with Pin Code) : F - 97/C, Khatla East, Aizawl, 796001
- Telephone No. : 9436154182
- Email :
8. Whether acquired any degree or fresh academic qualification during the year:
9. Academic Staff College Orientation/Refresher Course attended during the year:

Name of the Course/ Summer School	Place	Duration	Sponsoring Agency	Enclosure

**GOVERNMENT OF MIZORAM
HIGHER AND TECHNICAL EDUCATION DEPARTMENT**

**Annual Self-Assessment for the Performance Based Appraisal System (PBAS)
Session / Year : 2020 - 2021**

(To be completed and submitted at the end of each academic year, instruction for filling-up the pro forma is appended)

Name of College : GOVT. JOHNSON COLLEGE

PART-A: GENERAL INFORMATION

1. Name (In Block Letters) : Dr. J. ZAHLUNA
2. Father's Name / Mother's Name : CHAWNTLUANGA
3. Department : POLITICAL SCIENCE
4. Current Designation and Grade Pay : ASSOCIATE PROFESSOR : Rs. 9000/-
5. Date of last Promotion
- (a) Asst. Professor : 27.07.1998
- (b) Associate Professor with AGP : 27.07.2006 ; Rs. 9000/-
6. Address for Correspondence (with Pin Code) : GOVT. JOHNSON COLLEGE, AIZAWL -
Pin - 796001
7. Permanent Address (with Pin Code) : ZB 129, ZOTLANG, AIZAWL - 796009
- Telephone No. : 9862300152
- Email :
8. Whether acquired any degree or fresh academic qualification during the year:
9. Academic Staff College Orientation/Refresher Course attended during the year:

Name of the Course/ Summer School	Place	Duration	Sponsoring Agency	Enclosure