

Uttar Pradesh University of Medical Sciences, Saifai, Etawah

Annual Confidential Report Form for Faculty Members

Report on:..... Department:.....

Period:..... To:.....

Date of Joining in the University:..... Whether on probation:.....

Present Designation: Date of joining on present position:.....

Present Salary:..... Date of Acquiring present salary:.....

PART - I

(To be filled in the faculty member whose work is being reviewed)

1. Work Distribution.

How many hours per week do you spend on:-

- a. Patient care (including OPD, inpatient care, special clinics, operation theatres, laboratories, diagnostic services, etc.)
- b. Teaching.
- c. Research.
- d. Other activities including administrative.

2. Achievements in Patient care (any new techniques started, standardized, new surgical procedures started, etc.; please use additional sheets, if necessary)

3. Teaching

a.	How many hours per week did you spend in teaching activities (lectures seminars, conferences, journal clubs etc.)?	
b.	How many lecturer/seminars at postgraduate level were you scheduled to take/conduct/moderate during the year under review?	
c.	How many lecturers/seminars did you actually take/conduct/moderate during the year under review?	
d.	How Many students were doing thesis ort research projects under you during the year under review as: <ul style="list-style-type: none"> a. Supervisor b. Co-supervisor 	

4. **Research** (Please use additional sheets, if necessary)

a. Research projects in which you were the Principal Investigator during the year under review

Title	Funding Agency	Grant amount	Duration & Date of start

b. Research projects in which you were a co-investigator during the year under review.

Title	Funding Agency	Grant amount	Duration & Date of start

c. List of publications during the year under review (include only original research papers, case reports, reviews, editorials, and book chapters. Please do not include abstracts, publications in conference and CME proceedings. Please use Vancouver style. Use additional sheets, if necessary.)

d. List of papers presented at conferences (Use additional sheets, if necessary)

Authors (please underline presenter's name)	Title	Conference name and date

5. **Honours, Awards and Recognitions received during the year** (Please include your academic achievements during the period of review. These include awards, elected fellowships, invited orations or lectures, invitations as visiting professor/scientist, journal editorship, etc. Include only honours at international, national, and state level; do not include local or insignificant items.)

6. **Organizational activities** (such as organization of seminars, conferences, CME programs, etc. Please be brief and to the point; do not exceed 50 words.)

7. **Other Contributions/Achievements Outside Your Routine Work** (Such as service to the cause of medical education or community welfare, contribution to the work of the Institute outside the scope of normal duty such as faculty committees, etc. Please be brief and to the point; do not exceed 50 words.)

8. **Summary** (Please sum up your contributions during the year under review in various fields indicated above and state what you think are your most significant achievements).

9. **List significant problems that prevented you from achieving your optimum performance**
(Please be brief.)

10. **List measures that you took to overcome the above problems.**

Signatures

Date.....

PART - II
(To be filled by the Reporting Officer)

Notes for guidance of Reporting Officers:-

1. The preparation of reliable reports is an exceedingly important duty. In fairness to the staff reported on, and in the interest of the smooth and efficient working of the Department and the University, reports should be made carefully and critically. Reporting Officer should not discuss his assessment with anyone else, except the Reviewing Officer if required.
2. Concentrate on one factor at a time and study the implications of each factor carefully. Do not feel obliged to mark every heading as some of the headings may not be applicable to an individual. Do not attempt to guess a quality that you have not been able to judge at first hand. In such cases, please make no marking at all.
3. Do not be afraid of giving low markings if they are called for. No one can hope to be equally good in every way and some low markings may be justified even for the most brilliant.
4. Markings should not take age in account.
5. Do not allow any personal feelings to govern the assessment. The assessment requires the appraisal of an officer in terms of his ACTUAL PERFORMANCE.

Report on	
Reporting Officer's Name	
Reporting Officer's Designation	
Length of service put in by the officer being reported under the Reporting Officer	From To

1. Patient care

- a. General professional knowledge.
- b. Competence in clinical skills or laboratory skills pertaining to his/her discipline.

2. Teaching capabilities

- a. Interest in teaching.
- b. Punctuality and regularity at assigned sessions/seminars/lectures.
- c. Effectiveness as a teacher.
- d. Knowledge of current/recent advances in his subject.

3. Research capabilities.

- a. Interest in research.
- b. Capacity to generate new ideas.
- c. Technical, experimental and practical ability.
- d. Quality of published work and recognition at international and national levels.

4. Administrative Abilities.

- a. Ability to organize.
- b. Initiative and drive.
- c. Capacity to work in a team.
- d. General administrative efficiency.

5. Intellectual ability.

6. Assessment of the officer's overall work in his/her particular position.

Outstanding/Very Good/Good/Average/Poor

7. Conduct and behaviour

8. Integrity

Certified/Not certified

(Please note that an entry of 'Not certified' has to be supported by documentary evidence.)

9. General Remarks

- a. Any additional comments about the officer's positive or negative points that you wish to bring out.

- b. Do you agree with the officer's own account of work recorded in this report or is there anything you wish to modify or add?)

10. In case of any adverse remarks, have you informed/discussed with the reported officer. If so, please provide details.

Signatures

Date.....

PART - III
(Report by Reviewing Officer)

1. Do you agree with the officer's self assessment?
2. a. Do you agree with the observations of the reporting officer?
b. Do you agree with the reporting officer's overall assessment (see section 6 of Part -II)
3. Assessment of Officer's personal integrity.
4. General remarks by the reviewing officer including a note of any particular achievement by the officer.

Signatures of Reviewing Officers:..... Date

Designation:.....

Note: The Reviewing Officer should normally discuss the adverse markings with the Reporting Officer and should make suggestions for improvement to the reporting officer and, if necessary, with the officer reported.

(Remarks of the Accepting Authority)

Signatures of Accepting Authority:..... Date

Designation:.....