



MGM INSTITUTE OF HEALTH SCIENCES
(Deemed to be University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector-1, Kamothe, Navi Mumbai - 410209

Tel. No. 022-27432471, 022-27432994, Fax No. 022 - 27431094

E-mail : registrar@mgmuhs.com ; Website : www.mgmuhs.com

MGM/01/A- 8/2020/117

Date : 28/02/2020

EXTRACT OF MINUTES OF
BOARD OF MANAGEMENT (BOM-51/2017) MEETING DATED 28.08.2017

Item No. 1.3 of BOM-51/2017: (i.e. Agenda Item No. 03 of BOM-49/2017): To consider and take appropriate resolutions on the recommendations and decisions taken by the Academic Council (AC-26/2017) in its meeting held on Friday, 21st April, 2017.

Item No. 1.3.26 of BOM-51/2017 (Agenda Item No. 14(ii) of AC)

Item No. 14(ii) of AC-26/2017: To approve the Performance Appraisal Policy for MGMIHS teaching & non-teaching employees. [Annexure]

Decision of the Academic Council (AC-26/2017): Accepted the Performance Appraisal Policy for MGMIHS teaching & non-teaching employees and recommended to BOM for approval. [Annexure].

Resolution No. 1.3.26 of BOM-51/2017: Resolved to approve the Performance Appraisal Policy for MGMIHS teaching & non-teaching employees [Annexure-L].



Registrar
Dr. Rajesh B. Goel
Registrar

MGM Institute of Health Sciences
(Deemed University u/s 3 of UGC Act, 1956)
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(Annexure-L)

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PERFORMANCE APPRAISAL FORMAT FOR TEACHER'S

(Academic Year: July - June)

Part – I (To Be filled by Employee)

1. Date of joining this Institute:

Before 1st July 20 __ __

Between 1st July 20 __ __ - 31st December 20 __ __

Between 1st January 20 __ __ - 30th June 20 __ __

2. Name of the Teacher: _____

3. Email ID & Mobile No.: _____ & _____

4. Name of the College/School: _____ Campus: _____

5. Name of the Department: _____

6. Present Designation: _____

7. Educational Qualifications acquired/pursuing during last academic year: Yes/No ; If yes (Details of course like *Diploma /Fellowship/ Ph.D./online course/others*)

8. a. Total Teaching Experience post PG as on 30th June 2019: ____ Years ____ Months

b. University Approval as a teacher (UG/PG/PhD) (Please attach attested photocopy of approval letter):

	Yes/No
UG	
PG	
PhD	

9. **Awards/Medals/Recognitions/Appreciations:** (Please attach relevant attested photocopies of Certificates)

Level	Award / Medal/Recognition/Appreciation (Institutional/Local/State/Regional/National/International)	Domain (Teaching/Health Care/Research/others)
UG		
PG		
Post PG		

10. Health Science Education Technology related event participation: Yes/No ; If Yes (Provide details):

11. Research work: (Please attach attested photo copy of Certificates)

- **Publications:** National / International (Indexing status of the publications)
- **Conference:** Participated as a: Delegate/Resource person/Reading of Research Paper OR Poster display/ChiefGuest/Anyother:

(Please attach relevant proof / Certificates)

(Conference proceedings must be available)

Name of Conference	Date & Venue	Local/State /National / International/Other Level	Role

- Intellectual Property Rights (IPR): _____ (Attach details, If any)
- Start ups: _____ (Attach details, If any)
- Projects: (Please mention number of Projects in the table)

a)

Project Duration \Rightarrow	Short Term (< 01 Year)	Long Term (> 01 Year)
Funds Received \Downarrow		
< 1 Lakh		
> 1 Lakh		

- b) Funding Agency :
- Self Financed
 - MGMIHS
 - External Funding Agency

12. Author of Text/Reference books/Chapter/Monogram/Editor/Any other:

_____ (Please attach relevant proof / Certificates i.e. photocopy of cover & last page)

Name of Book	Publisher	Role (Main Author/ Contributory Author/ Editor)

13. Guest Lectures/Orations delivered:

Sr. No.	Title of Lecture/Orations	Event	Venue	Date

14. Resource person at Workshops/CME/Seminar/Symposium/Panel Discussion: (attach certificate copy)

Sr. No.	Resource person as			Event	Venue	Date
	Faculty	Judge	Chairperson			

15. Faculty Development Program (Academic Skills/Soft Skills/Administrative Skills etc.) attended: Yes/No ; If Yes, Give details:

16. Contribution/suggestions given for improvement in teaching learning process for discussions in Board of Studies meetings of the University: Yes/No ; (If Yes, Give attach an undertaking to this effect from respective BOS Chairperson)

Other responsibilities & activities during last academic year: (Please attach relevant proof / Certificates)

Participation as	Activity details	Achievements with documentary proof
Mentorship details / any significant finding		Name of the mentees assigned to you (Attach the list)
Examiner / Paper setter / Moderator		
University appointed		

Committee Member		
Any other Administrative Commitment		
Extra-ordinary Contribution to society / Felicitation by State / Central Govt.		
Member of organizing committee of Institute level conference/CME/ etc)		

17. Teaching work during last academic year: (Mention "actually taken/assigned" for below points a & b)

- a) Teaching: UG Lectures _____, Clinics/Practical's _____, Tutorials _____
- b) Teaching: PG Lectures _____, Clinics/Practical's _____, Journal Club/Seminar/others _____
- c) Preparation of Learning Resource Material : Yes/No ; If yes Topic: _____

18. Clinical Care: OPD _____, OT _____ (as applicable), Camps attended _____ (Indicate average figure as a percentage)

19. How would you rate your performance during last academic year:

- a) Indicate what % of your total time (during working hours) is generally utilized for following responsibilities/domains **AND**
- b) Rate your performance on a scale of 0 to 5 in following aspects of your job responsibility (during last Academic year): ("0" being the lowest and "5" being the highest)

Responsibilities/Domain	%	0 - 5
Teaching		
Research		
Administration		
Clinical/Patient Care		

20. Membership / Office Bearer of professional bodies: (mention only those which you acquired during last academic year)

21. Any other information which you would like to share /disclose:

(Please attach relevant proof / certificates)

22. Any other special training undertaken during last academic year): (Please attach relevant proof / certificates)

23. Plagiarism incidence/Disciplinary action against you (If any) in last academic year:

24. Contribution to the Institution in the last academic year:

1. Medical Book/Literature/ Manuscript/ Rare Book: -----
2. Donation: -----
3. Represented the institute in culture/sport/other activity): -----
4. Any other: -----

25. One Strength/Talent/Ability which you possess and wish to be utilized for the institutional growth:

Total days present for teaching [excluding all kind of leaves (Sunday/Public holidays/Vacation/CL/SL/EL/Other leaves): _____/365
If present on non-instructional days (Please Tick): August 15 <input type="checkbox"/> October 2 <input type="checkbox"/> January 26 <input type="checkbox"/>

I solemnly declare that, the above information furnished is true and correct to the best of my knowledge.

Date:

(Signature of Teacher)

PART II (VERIFICATION)

TO BE FILLED IN BY THE REPORTING OFFICER

(i) NATURE AND QUALITY OF WORK

Please comment on self appraisal form out by the faculty member and specifically state whether you agree with the answers relating to targets, objectives, achievements and shortfalls. Also specify constraints, if any, in achieving the objectives. Ratify the self appraisal. Also Please comment on the faculty member's quality of performance having regard to standard of work and programme objectives, and constraints, if any.

(II)ASSESSMENT (OUT OF 05 EACH) : _____/50

a) INTELLECT b) Teaching Ability c) Experimental or Practical Ability d) Technical Judgment e) Administrative

f) Theoretical Knowledge g) Organizing Ability h) Leadership i) Work Output j) Quality of Work

h) Any adverse observations or incidence with which the concerned staff was associated with during the year : Negative (Out of 10)

(iii) Perspective and Visualization of Future Directions : _____

Signature,Reporting Officer / HOD

PART III

(I) REMARKS OF THE REVIEWING OFFICER

(a)	Length of service under the Reviewing Officer	Total Service : _____ Yrs.
(b)	Do you agree with the Reporting officer's remarks on Part II of this form? Is there anything you wish to modify or add	
(c)	How do you rate the concerned staff with respect to patient care and clinical acumen and professional ethics?	A++, A+, A, B+, B, B-, C
(d)	How do you rate the staff with regard to administration including instructional ability	A++, A+, A, B+, B, B-, C

(A++ Exceptionally brilliant,, A+Outstanding A-Very Good, B+-Good,, B-Average, B - Below Average, C- Not worth retaining)

(II) Recommendations. _____

(III) What are the strengths of the officer which could be gainfully utilized in the organization?

(IV) If the grading is B+ or below would you recommend a change of assignment.

(V) General remarks. ; _____

Recommended / Not Recommended

Signature
Name

Dean (Reviewing Officer)

PART IV

REMARKS OF THE ACCEPTING AUTHORITY
Sanctioned / Not Sanctioned

Place :

Date

Signature of the Accepting Authority



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Date:- / /

ANNUAL PERFORMANCE APPRAISAL FORM FOR THE YEAR (NON TEACHING)

(To be filled by Individual)

Employee's Name: - _____ Present Designation:- _____

Department: - _____ Date of Joining:- _____

Educational Qualification: - _____ Professional Qualification:- _____

Total Experience in MGM Hospital: - _____ Previous Experience (If Yes Please mention the details):- _____

1. Please give your comments about your performance/Key result areas for the current year.

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2. Do you have any suggestion to improve the functioning of your Department/the Hospital?

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3. Do you need any training? If yes, please indicate.

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4. Any Achievements or any other information

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5. Please indicate your Key Result Areas (KRAs) for the next year.

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.....

6. Date of Confirmation/Promotion to the present post; if any:-

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(Signature of the Employee)

To be filled by Immediate In-charge/ Supervisor/HOD

(Please give rating in 1 – 6 scale)

Rating Scale	1-2 Unsatisfactory	2-3 Satisfactory	3-4 Good	4- 5 Very Good	5-6 Excellent
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Sr. No	Particulars	Immediate In-charge	Supervisor/ In-charge/ HOD	Supervisor/ In-charge/ HOD' Remark
1	Aptitude			
2	Capacity to do Hard work			
3	Discipline			
4	Knowledge about the job assigned			
5	Intelligence			
6	Personality			
7	Commitment towards work			
8	Organising Ability			
9	Verbal Expression			
10	Written Expression			
11	Punctuality/Regularity in attendance			
12	Communication skill			
13	Interpersonal relationship			
14	Decision making/Problem solving skills			
15	Loyalty and Integrity			
16	Training Skills			
	Signature and Date			

To be filled by HOD

1. Whether reprimanded for any shortcomings:-
 Yes/No If yes, please give details: -

2. Overall Assessment:-

1. Excellent

- 2. Very Good
- 3. Good
- 4. Satisfactory
- 5. Unsatisfactory

3. Recommendation for:-

- i. Promotion
- ii. Special Increase
- iii. Training Requirement (if any, please mention)

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(Signature of Supervisor/Head of Department)

(Supervisor/Head of Department, Kindly submit filled form in sealed envelope to HR Department)

(To be filled by the Head of the Institution)

- Do you agree? Yes/No
- Any other comment? Positive/Negative

Head of the Institution