

**SVKM's NMIMS (Deemed to be University)**

**Summary of Overall Performance of Faculty**

Name of the Faculty:

Terms: Probation/Contract

Name of the School:

Period: DD/MM/YYYY to

Location:

DD/MM/YYYY

Date of Joining:

**A) Teaching Feedback:**

Academic Year	No. of Courses taught	No. of Students in course taught by faculty	Individual course Average Feedback (of each course)	Grand Average of the Feedback	Remarks (if any)
Year 1					
Year 2					

**B) Research & Publication**

Academic Year	No. of Publications (incl. ratings/index/impact factor)		No. of Case Studies Published	No. of Paper Presented	No. of Paper Published	Research Projects Undertaken with outlay
	Scopus/ABDC	Non Scopus				
Year 1						
Year 2						

**C) New Course or Pedagogy**

Academic Year	Course	No. of Students in each course taught by the faculty	Details	Remarks
Year 1				
Year 2				

Signature of the Faculty Member: \_\_\_\_\_

Date: \_\_\_\_\_

**Remarks from Dean/Director/Reviewing Officer:**

(★Unsatisfactory ★★Satisfactory ★★★Good ★★★★Very Good ★★★★★Outstanding)

**1. Fit with the Department-**

a. Capability of Faculty ★★★★★ \_\_\_\_\_

b. Whether faculty Compliments the Department Strengths & Competencies

★★★★★ \_\_\_\_\_

2. Faculty Relationship with Department ★★★★★ \_\_\_\_\_

3. Faculty Relationship with other Department faculty at School ★★★★★ \_\_\_\_\_

4. Communication Skills & Interpersonal Skills ★★★★★ \_\_\_\_\_

5. Student Satisfaction ★★★★★ \_\_\_\_\_

6. Potential for development as a faculty ★★★★★ \_\_\_\_\_

7. **Punctuality** a) Academic Delivery ★★★★★ \_\_\_\_\_

b) Examination ★★★★★ \_\_\_\_\_

c) Any other duties assigned by the Dean ★★★★★ \_\_\_\_\_

**8. Any other comments on ethics-**

Exam- \_\_\_\_\_

QIP- \_\_\_\_\_

Delivery- \_\_\_\_\_

Results- \_\_\_\_\_

**9. Contribution during the period under review-**

Institution Development- \_\_\_\_\_

New Course/Programs- \_\_\_\_\_

10. Overall, is the faculty a team player & contributor to the Schools & University mission? \_\_\_\_\_

**11. Recommendation from Dean/Director/Reviewing Officer -**

☐ Extension of services

☐ Confirmation

☐ Discontinuation of services

**Name** \_\_\_\_\_

**Date:**

\_\_\_\_\_  
**Signature of Reviewing Officer**