



COMSATS University Islamabad

Employee Performance Appraisal Form

Faculty: OG, Attock Campus

Fiscal Year: 2024-2025

1. To be filled by the Employee

Personal Information

1. Name: Muhammad Saleem Khan

2. Designation / Scale: Assistant Professor (OG-II)

3. Department / HoD: Computer Science

4. Dated of joining in CUI: 02/09/2016

5. Date of Joining in Present Grade: 25/01/2023

6. Date of Expiry of Contract: _____

A: Courses* Taught (Faculty)

Sr. No.	Course Code	Courses Title	Program	Semester
1	CSC462	Artificial Intelligence	BS(CS)	SPRING25
2	CYC205	Introduction to Cyber Security	BS(CS)	SPRING25
3	CSC683	Advanced Algorithm Analysis	MS(CS)	FALL24
4	CSC275	Computer Networks	BS(CS)	FALL24
5	CSC354	Machine Learning	BS(CS)	FALL24
6				

*Attach a separate sheet if required.

B: Research Project Supervision

Number of Students Supervised	Program		
	PhD	MS	BS
	0	02	10

C: Research Publications*

Sr. No.	Paper Title	Journal Name	First Author		Impact Factor Publication	
			Yes	No	Yes	No
1						
2						
3						
4						
5						
6						

*Attach a separate sheet if required.

D: Research Project (s) Funding (Obtained/completed)

S No.	Title of the Research Project	Funding Agency	Funding Amount	Designation in Project		Status	
				PI	Co-PI	In progress	Completed
1							
2							
3							
4							

E: Additional Duties Performed*

Sr. No.	Description of the Duty Performed	Semester
1	Member of DARC	SPRING25, FALL24
2	Member of DAC	SPRING25, FALL24
3	Convenor ILC	SPRING25, FALL24
4	In charge graduate Program	SPRING25, FALL24
5.	Member of Open House Committee	SPRING25, FALL24
6.	In charge sports committee	SPRING25, FALL24

*Attach a separate sheet if required

Date: _____

Signature of the Faculty: _____

2. To be filled by the HoD of the Department

F. Evaluation by Students (based on the Teacher Performance Appraisal Form filled by at least 80% of the students taught by the faculty member in the period under review)

i	Total number of filled "Teacher Performance Appraisal Forms" made available for appraisal	
ii	Sum of "Total Scores" obtained by the faculty member in all filled "Teacher Performance Appraisal Forms" made available for appraisal	
iii	The average Score of the faculty member is determined by dividing the sum of "Total Scores" by the total number of filled "Teacher Performance Appraisal Forms" made available for the appraisal (Serial ii/i)	

G: Evaluation by Head of the Department (Initial the appropriate box)

Sr.	Assessment Criterion	Outstanding (5)	Very Good (4)	Good (3)	Average (2)	Below Average (1)
1	Communication Skills: (Expresses ideas clearly both orally and in writing, listens well, and responds appropriately)					
2	Interpersonal Skills: (Works effectively and cooperatively with others: acts as a unifying force; demonstrates consideration and maintains rapport with others, expresses disagreement in an appropriate way)					
3	Planning & Organizing Skills: (Effective at developing goals and strategies for future action and scheduling/assigning work resources (people/equipment) in relation to tasks or goals)					
4	Judgment: (Effectively analyzes problems, determines appropriate action for solutions and exhibits decisive action and thinks logically)					
5	Reliability: (Can be depended upon in day-to-day activities and in matters of a highly important or confidential nature, meets promised deadlines without a sacrifice of accuracy or quality, reports unavoidable delays in advance of deadlines)					
Column Score						
Total						

H: Overall Points Earned

Sections	Score Distribution					Score Earned
	Research Associate	Lecturer	Assistant Professor	Associate Professor	Professor	
A: Courses Taught (Faculty) /Assisted (RA)	30	30	20	15	10	
B: Research/Project Supervision	N/A	15	15	10	10	
C: Research Publications	N/A	N/A	15	25	30	
D: Research Funding / Research Projects	N/A	N/A	5	10	10	
E: Additional Duties Performed	25	15	10	5	5	
F: Evaluation by Students	20	15	10	10	10	
G: Evaluation by Head of the Department	25	25	25	25	25	
Total Score = 100 /	100	100	100	100	100	

I: Classification of the Faculty Member (Initial the Appropriate Box)

Score (Earned)	Outstanding	Very Good	Good	Average	Below Average

Maximum Score 100**Performance Score** Outstanding ≥ 85; Very Good ≥ 75; Good ≥ 65 Average ≥ 50; Below Average < 50

Date

Signature, Name, and Designation of HoD

Name and Designation: _____

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J: Recommendations: (To be filled by the HoD)**(Initial the Appropriate Box)**

Sr. No.	Reward		Recommendations		
			Recommended	Not Recommended	Not Applicable
(a)	Increment(s)/Honorarium				
	i	Normal Increment *			
	ii	Honorarium **			
(b)	Extension of Contract (where applicable)				

* Normal Increment is NOT APPLICABLE if Service in the Grade is less than Six Months

** Please Specify the amount of honorarium (Rs. _____) (kindly justify)

K: Justification for the Honorarium

Any other relevant recommendation(s): _____

Date_____
Signature, Name, and Designation of HoD**L: Recommendation of the Counter Signing Officer/Campus Director**

Date:_____
Signature of the Counter Signing Officer/Campus Director