

# Aggarwal College Ballabgarh

**A Post Graduate Co-educational College Aided by Haryana Govt.**

**Included U/S 2(f) & 12 (B) of UGC Act, 1956**

**(Affiliated to M.D. University Rohtak)**

**NAAC Accredited 'A<sup>++</sup>' Grade (CGPA: 3.57)**

## College with Potential for Excellence (CPE) Status by UGC

**ISO 9001:2015 & ISO 14001:2015 Certified**

## Annual Confidential Report for the year 20 - 20

(Only for Teaching Staff)

(To be filled by the Teacher)

### 1. Particulars:

Mode of Appointment-Adhoc/ Regular\_\_\_\_\_

a) Name

b) Father's/Husband's Name

c) Date of Birth

#### d) Qualification

e) Subject

f) Details of previous posting, if any

i) Name of Institution

ii) Duration

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g) Date of Joining present College

### h) Subject of M. Phil./ Ph.D.

(If passed with date of Award)

## 2. Particulars of Teaching performance:

a) Results:

[illegible]

2. (b) Responsibility of the Teacher in case of lower percentage than the percentage of the University results.
3. Overall assessment of academic competency i.e. application of new teaching methods encouraging questions in classes, holding of seminars/group discussion etc.
4. **Details of Academic and Professional Progress during the year:** (Attach separate Sheet if needed)
- a) Research Degree acquired, if any \_\_\_\_\_
  - b) Details of Research Work
    - i) Paper Published \_\_\_\_\_
    - ii) Chapter in edited books \_\_\_\_\_
    - iii) Conf./ Workshop/ FDP etc. attended/  
Paper Presented \_\_\_\_\_
    - iv) Author/ Book edited \_\_\_\_\_
  - c) Details of in-service Training  
(Orientation/ Refresher/ Any other) \_\_\_\_\_
  - d) Extra classes for weak students \_\_\_\_\_
5. Contribution in the College Administration as Member/ Convener of Various Committees  
(Attach separate Sheet if needed)
6. Contribution in other Co-curricular activities (eg. NSS, NCC, YRC etc.)
7. Any other Achievements:
8. Whether staying at the HQ after  
College hours and during the holidays \_\_\_\_\_
9. Number of working days spent in the college
- a) for admission \_\_\_\_\_
  - b) for teaching \_\_\_\_\_
  - c) for invigilation/ examination \_\_\_\_\_
  - d) for other activities - specify \_\_\_\_\_
  - e) Total \_\_\_\_\_

Date.....

(Teacher's Signature)

**(To be filled by the Principal)**

10. Verification by the Principal:

Item No.	Correct	Exaggerated	Item No.	Correct	Exaggerated
1.			5.		
2.			6.		
3.			7.		
4. (a)			8.		
(b) (i)			9. (a)		
(ii)			(b)		
(iii)			(c )		
(iv)			(d)		
(c)			(e)		
(d )					

11. Remarks about integrity:

12. Relations with the Principal/ Colleagues:

13. Overall Assessments:  
(Keeping in view above all facts)

- a) Outstanding
- b) Very Good
- c) Good
- d) Average
- e) Below Average

(Principal to fill up all the columns and no columns is to be left blank)

Dated.....

Signature of the Reporting Officer  
Principal

14. Remarks by the next Higher Authority/ Second Reporting Officer/ Reviewing Officer

15. Whether any enquiry/ complaint is pending

16. Punishment, if any, awarded

Dated.....

President-Governing Body