

Special Evaluation Report for Tenure Track Faculty Members

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PART-A

PERSONAL INFORMATION

(To be filled in by the Faculty Member)

PERIOD: From _____ to _____

1. Department: _____
2. Name (Block Letters): _____
3. Designation / Present Post: _____
4. Date of Birth: _____
5. Academic Qualifications: _____
6. Field of Specialization: _____

PART-B

ASSIGNMENTS

(To be filled in by the Faculty Member)

- 1 (a)- No. of Courses Offered During the Evaluation Period: _____
- 2 (b)- Course Code of Offered Course: _____

2. Distribution of Grades / Marks and other Outcomes: (Give the actual numbers for all courses)

Undergraduate	Originally Registered	Grade A	Grade B	Grade C	Incomplete I	Fail F	Withdrawal	Total
No. of Students								
Post Graduate	Originally Registered	Grade A	Grade B	Grade C	Incomplete I	Fail F		Total
No. of Students								

PART-C

Achievements

(To be filled in by the Faculty Member)

3. No. of Students Supervised:
M. Phil. Students successfully defended these _____
Ph. D. (a) under supervision _____ (b) Completed _____

4- Publications

4.1- Articles Published in referred impact factor Journals: No.-----

Detail

4.2- Number of citation in best two papers in current year: No.-----

Detail

4.3- Articles Published in HEC approved Journals*: No.-----

Detail

4.4- Articles Published in other Journals*: No.-----

Detail

4.5- Books/Contribution to Edited Volumes*: No.-----

Detail

4.6 Patents No-----

Detail

4.7 Research Grants and Contracts: National*: No. ----- International*: No.-----

Detail

<i>Date of Award</i>	<i>Title</i>	<i>Sponsoring Agency/Organization</i>	<i>Amount</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4.8 Editor of journal, author of technical reports, PC-1s, Honours and Awards: No-----

Detail

4.9 Examiner of Universities/member board of studies etc :

International -----

Detail

PART D

Community Service

(To be filled in by the Faculty Member)

5.1- Membership of professional societies: No. -----

Detail

5.2- Administrative Assignments in Department and University*: No. -----

Detail

5.3- Membership university committees: No. -----

Detail

5.4- Management of Social events: No. -----

Detail

Signature of the Faculty Member: _____

Dated: _____

* If required add more sheets

PART E

ASSESSMENT

(To be filled in by the Head of the Department/ DTRC)

Name of the Faculty Member: _____

Designation: _____

6.1 Based on the information provided by the Teacher, Course Files and the other record maintained in the Department, I grade him/her as follows: (Tick (√) only one)

Outstanding (A+)	Very Good (A)	Good (B+)	Average (B)	Below Average (C)

The Reason(s) for the Above Evaluation:

Suggested Areas of Improvement:

6.2 Pl. categories for his personal attributes

Outstanding (A+)	Very Good (A)	Good (B+)	Average (B)	Below Average (C)

Remarks (if any)

Signature (with Stamp): _____

Name: _____

Dated: _____

Designation: _____

PART F
ENDORSEMENTS

(Not applicable to the head of the department)

A- **Endorsement / Remarks of the Dean of the Concerned Faculty:**

Agree Partially agree Disagree (with the evaluation of Head of Department)

Comments (if any)

Signature (with Stamp): _____

Dated: _____

Name: _____



B- Comments of the Director Quality Enhancement in the light of inputs received from Students Evaluation Report

Comments (must be based on the data provided by the students)

(a) Overall feedback from the student: Positive mix negative (percentage of total marks)

(b) Overall attendance of the students in class (specify in percentage)

(c) Comments of the students on personal attributes Positive, negative, mix

Signature (with Stamp):_____

Dated:_____

Name:_____

C- Remarks of the Vice-Chancellor:

Agree Partially agree Disagree (with the information provided)

Comments (if any)

Signature (with Stamp):_____

Dated:_____

Name:_____