

CONFIDENTIAL

MAHATMA EDUCATION SOCIETY'S
PILLAI HOC COLLEGE OF ARCHITECTURE, RASAYANI.

To be filled in by the faculty members themselves and submitted to the Principal directly

FACULTY SELF ASSESSMENT FORM : JUNE 2022 to MARCH 2023

NB. Add additional sheet wherever necessary

Please submit the form along with relevant proof in two copies, one in original and one photocopy. Original will be returned to the owner after verification.

This form is required to ascertain your contribution towards development of the institution and also assess your relative merit among your peers.

PERSONAL DATA

Name of Faculty member : _____

Designation : _____

Date of Joining : _____

Current Gross Salary Per Month : _____

DETAILS OF LEAVES TAKEN (JAN 2022 TO DEC 2022)	
TYPE	NUMBER
CL	
SL	
LWP	
OD	

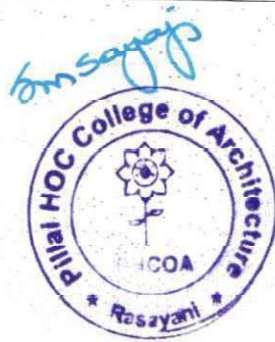
QUALIFICATION DETAILS * (ATTACH DOCUMENTS)						
	YEAR OF PASSING	BOARD/ UNIVERSITY	MARKS OBTAINED	OUT OF	%	CLASS
S.S.C						
H.S.C						

Smsayaji



PHCOA

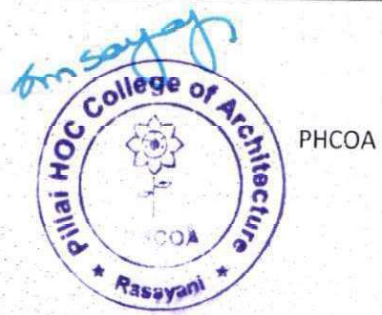
B.ARCH * (ATTACH DOCUMENTS)				TITLE OF DISSERTATION :			
MONTH & YEAR OF JOINING	MONTH & YEAR OF PASSING	UNIVERSITY	MARKS OBTAINED	OUT OF	% /CGPA	CLASS	
B.ARCH ACADEMIC PERFORMANCE * (ATTACH DOCUMENTS)							
		MONTH & YEAR OF JOINING	MONTH & YEAR OF PASSING	MARKS OBTAINED	OUT OF	% /CGPA	CLASS
FIRST YEAR	SEM 1						
	SEM 2						
SECOND YEAR	SEM 3						
	SEM 4						
THIRD YEAR	SEM 5						
	SEM 6						
FOURTH YEAR	SEM 7						
	SEM 8						
FIFTH YEAR	SEM 9						
	SEM 10						
M.ARCH * (ATTACH DOCUMENTS)				TITLE OF DISSERTATION :			
MONTH & YEAR OF JOINING	MONTH & YEAR OF PASSING	UNIVERSITY	MARKS OBTAINED	OUT OF	% /CGPA	CLASS	
M.ARCH ACADEMIC PERFORMANCE * (ATTACH DOCUMENTS)							
		MONTH & YEAR OF JOINING	MONTH & YEAR OF PASSING	MARKS OBTAINED	OUT OF	% /CGPA	CLASS
FIRST YEAR	SEM 1						
	SEM 2						
SECOND YEAR	SEM 3						
	SEM 4						
Ph.D * (ATTACH DOCUMENTS)				TITLE OF DISSERTATION :			
MONTH & YEAR OF JOINING	MONTH & YEAR OF PASSING	UNIVERSITY	LINK TO SHODHGANGA OR ONLINE REPOSITORY				



PHCOA

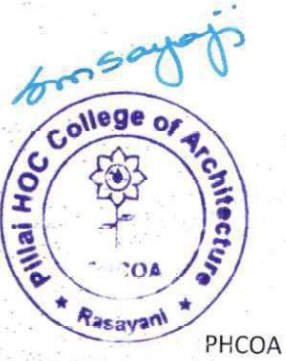
DETAILS OF DEVELOPMENT PROGRAMS ATTENDED * (ATTACH DOCUMENTS)						
	NOS.	DATE		TITLE	VENUE	ORGANIZED BY
		FROM	TO			
SHORT TERM TRAINING PROGRAMS						
FACULTY DEVELOPMENT PROGRAMS						
WORKSHOPS/SEMINARS						

TEACHING, LEARNING AND EVALUATION RELATED ACTIVITIES							
TEACHING LOAD							
SEM	SUBJECT	THEORY	STUDIO	CLASSES ASSIGNED IN SEMESTER	ACTUAL NO. OF CLASSES CONDUCTED	% of CLASSES CONDUCTED	FEEDBACK OBTAINED (AVG RATING)



SUBJECT IN-CHARGE							
SEM	SUBJECT	THEORY	STUDIO	CLASSES ASSIGNED IN SEMESTER	ACTUAL NO. OF CLASSES CONDUCTED	% of CLASSES CONDUCTED	FEEDBACK OBTAINED (AVG RATING)

CLASS IN- CHARGE		
SEM	DETAILS OF HORIZONTAL AND VERTICAL INTEGRATION MEETINGS HELD	DETAILS OF PARENT TEACHER MEETING HELD * (ATTACH CORRESPONDENCE DETAILS)



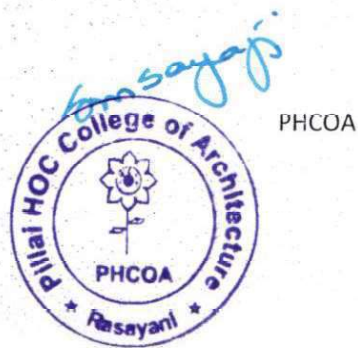
SUBJECT CO-FACULTY

SEM	SUBJECT	THEORY	STUDIO	CLASSES ASSIGNED IN SEMESTER	ACTUAL NO. OF CLASSES CONDUCTED	% of CLASSES CONDUCTED	FEEDBACK OBTAINED (AVG RATING)

ANY OTHER DUTIES ASSIGNED AND PERFORMED * (GIVE DETAILS)

ORGANISED GUEST LECTURES

SR. NO.	TOPIC	NAME OF GUEST	SEM	DATE



ORGANISED SITE VISITS * (GIVE DETAILS)				
SR. NO.	TOPIC/SUBJECT	LOCATION	SEM	DATE

ORGANISED STUDY TOURS * (GIVE DETAILS)					
SR. NO.	ORGANISED/ ACCOMPANIED	DESTINATION	SEM	DATE	DETAILS OF DOCUMENTATION CARRIED OUT

MENTORSHIP DETAILS * (ATTACH DETAILS OF COMMUNICATION WITH PARENTS)		
NO. OF MENTEES	AVERAGE NO. OF MEETINGS CONDUCTED WITH EACH STUDENT	DETAILS

Am Sayaji



PHCOA

ACHIEVEMENT FOR LAST FIVE YEARS * (ATTACH DETAILS)						
	TITLE	CITATION INDEX	PUBLISHER	DATE OF PUBLICATION	ISSN/ISBN NO	NAME OF JOURNAL/CONFERENCE
NUMBER OF PAPERS PUBLISHED IN PEER REVIEWED JOURNALS						
NUMBER OF PAPERS PUBLISHED IN CONFERENCE						
PAPERS PRESENTED IN CONFERENCE /SEMINARS/WORKSHOPS/ETC.						
BOOK PUBLICATION (AS AUTHOR)						
BOOK PUBLICATION (AS EDITOR)						
BOOK CHAPTER PUBLICATION BY REPUTED PUBLICATION HOUSE						

tom sayaj



PHCOA

CONFIDENTIAL

PARTICIPATION IN NATIONAL OR STATE LEVEL COMPETITION * (ATTACH DETAILS)					
SR. NO	DATE	DETAILS	ORGANISED BY	INTERNATIONAL/NATIONAL	AWARD IF ANY
EXPERT LECTURES DELIVERED IN OTHER INSTITUTES * (ATTACH DETAILS)					
SR. NO	DATE	TOPIC	INVITED/ORGANISED	VENUE	
DETAILS OF GUIDING THESIS (RECORD OF LAST FIVE YEARS) * (ATTACH DETAILS)					
		NUMBER OF STUDENTS			
		COMPLETED	CURRENTLY PURSUING		
B.ARCH					
M.ARCH					
Ph.D					
M.ARCH					
PERIOD (FROM..TO)	NAME OF STUDENT		TOPIC	STATUS	UNIVERSITY
Ph.D					
PERIOD (FROM. TO)	NAME OF STUDENT		TOPIC	STATUS	UNIVERSITY



bm Sayaji

PHCOA

OTHER RESPONSIBILITIES					
NAAC CRITERIA INCHARGE	CRITERIA NO.	NO. OF MEETINGS CONDUCTED	DETAILS/STATUS		
CULTURAL HEAD	DESCRIPTION	NO. OF MEETINGS CONDUCTED	DETAILS/STATUS		
COLLEGE PUBLICATION INCHARGE	NO. OF PUBLICATIONS IN LAST YEAR	DETAILS			
STUDENTS COUNCIL FACULTY IN CHARGE	DETAILS OF COUNCIL ACTIVITIES				
RESEARCH GRANT DETAILS					
SR. NO.	TITLE OF PROPOSAL	AUTHORITY	STATUS	FUNDS RECEIVED	FUNDS PENDING
OTHER RELEVANT AND SIGNIFICANT DETAILS NOT INCLUDED IN THIS FORM *(ATTACH SEPARATE SHEET IF REQUIRED)					
DECLARATION					
I certify that the information provided is correct as per records available with the University and/or documents enclosed along with this filled Proforma					
DATE:	SIGNATURE OF FACULTY				
PLACE:					
FOR EVALUATORS USE ONLY *(Rate on the scale of -5 to +5)					
0 (current status)					
	• -1			• +1	
	• -2			• +2	
	• -3			• +3	
	• -4			• +4	
	• -5			• +5	

PHCOA

Am Sayaji