

NAVODAYA EDUCATION TRUST ® RAICHUR

SELF APPRAISAL FORM

Name: _____, Institution: Navodaya Dental College, Raichur

Designation: _____, Department: _____

For the Year: _____

1. Date of Joining :
2. Date of Last Increment :
3. Appointment hold during the year with Designation & Salary :
4. Qualifications acquired during the year / Participation in seminars, Conferences, Courses, etc. :
5. No. of Persons under control :
6. Brief Description of work allotted. :
7. Special Assignments :
8. Details of work accomplished and done well:
9. New methods / Process used if any in accomplishing the work :
10. How many of the items of the under 6 above have been accomplished in set time :
11. Reasons for not completing the work :
12. Help expected to complete the work and from whom :
13. Do others co-operate with you :
14. Are you making use of literature library available for making suggestions & self improvement :

No. of publications till last year	No. of publications in the current year	Total no: of publications

- 15. Do you like the present job :
- 16. Would you like to meet your superiors quite often :
- 17. Give the details of the work and improvements if any :
- 18. Would you like more varied experience if yes, specify details :
- 19. Extra Curricular activities during the year :
- 20. Any other relevant information about your performance during the year :
- 21. Current changes in family status :
- 22. Current changes in:
 - a) Address:
 - b) Phone No:
- 23. Your personal contribution towards Free camp :
- 24. Total Patients treated in OPD since last One Year/ Surgeries Conducted :
- 25. Leave availed by you during the year :
 - CL's _____, EL's _____, RH _____, OD _____, CPL _____, Sp.CL _____
 - LOP's _____, AB's _____, Total _____ dys

Date: _____ Signature _____

For use by immediate Principal / MS / Supervisor

Date: _____ Signature _____

MANAGEMENT

REMARKS:

NAVODAYA EDUCATION TRUST @ RAICHUR

SELF APPRAISAL FORM

Name: Dr. Girish Galagali Institution: Navodaya Dental College, Raichur

Designation: Prof & HOD, Department: Prosthodontics

For the Year: 2020 - 2021

1. Date of Joining 24-5-2006

2. Date of Last Increment :

3. Appointment hold during the year with Designation & Salary : Reader

4. Qualifications acquired during the year / Participation in seminars, Conferences, Courses, etc. :

5. No. of Persons under control : ~~10~~ ~~10~~ 14

6. Brief Description of work allotted : UG & PG Teaching Clinic & Admin. of Dept-

7. Special Assignments :

8. Details of work accomplished and done well: yes, with the help of other staff members

9. New methods / Process used if any in accomplishing the work : Planning the UG & PG Teaching using A-V Aids & Clinics

10. How many of the items of the under 6 above have been accomplished in set time : Almost All

11. Reasons for not completing the work : None

12. Help expected to complete the work and from whom : From other staff

13. Do others co-operate with you : Yes

14. Are you making use of literature library available for making suggestions & self improvement : Yes

No. of publications till last year	No. of publications in the current year	Total no. of publications
<u>15</u>	<u>02</u>	<u>17</u>

15. Do you like the present job : yes

16. Would you like to meet your superiors quite often : NO

17. Give the details of the work and improvements if any : Overall admin Joby Dept E help of staff & effort to pt inflow

18. Would you like more varied experience if yes, specify details : -

19. Extra Curricular activities during the year: -

20. Any other relevant information about your performance during the year :

21. Current changes in family status : NO

22. Current changes in:
 a) Address: NO
 b) Phone No:

23. Your personal contribution towards Free camp : conducted "Free Denture camp"

24. Total Patients treated in OPD since last One Year/ Surgeries Conducted :

25. Leave availed by you during the year :

CL's _____, EL's _____, RH _____, OD _____, CPL _____, Sp.CI _____

LOP's _____, AB's _____, Total _____ dys

Date: 7/1/22 Signature Girish

For use by immediate Principal / MS / Supervisor

Date: _____ Signature Dr. Girish Katti
Dr. GIRISH KATTI
 PRINCIPAL
 NAVODAYA DENTAL COLLEGE
 RAICHUR.

MANAGEMENT

REMARKS:

NAVODAYA EDUCATION TRUST @ RAICHUR

SELF APPRAISAL FORM

Name: Dr ASIF K, Institution: Navodaya Dental College, Raichur

Designation: Professor, Department: Periodontology

For the Year: 2022

1. Date of Joining : 20/10/2011
2. Date of Last Increment : 2020
3. Appointment hold during the year with Designation & Salary : Professor
4. Qualifications acquired during the year / Participation in seminars, Conferences, Courses, etc. : National conference periodontology 45th
5. No. of Persons under control : 2
6. Brief Description of work allotted : Pa. guide, VA activity
7. Special Assignments : custodian, IQAC member,
8. Details of work accomplished and done well:
9. New methods / Process used if any in accomplishing the work :
10. How many of the items of the under 6 above have been accomplished in set time : All
11. Reasons for not completing the work : -
12. Help expected to complete the work and from whom :
13. Do others co-operate with you : Yes
14. Are you making use of literature library available for making suggestions & self improvement : Yes

No. of publications till last year	No. of publications in the current year	Total no: of publications
<u>13</u>	<u>-</u>	<u>13</u>

15. Do you like the present job : Yes

16. Would you like to meet your superiors quite often : Yes

17. Give the details of the work and improvements if any :

18. Would you like more varied experience if yes, specify details :

19. Extra Curricular activities during the year:

20. Any other relevant information about your performance during the year :

21. Current changes in family status : -

22. Current changes in:
 a) Address:
 b) Phone No:

23. Your personal contribution towards Free camp : Treated for camp cases

24. Total Patients treated in OPD since last One Year/ Surgeries Conducted : 10

25. Leave availed by you during the year :

CL's 12, EL's 15, RH 2, OD _____, CPL _____, Sp.Cl. _____

LOP's _____, AB's _____, Total _____ dys

Date: 7/1/22 [Signature]
Signature

For use by immediate Principal / MS / Supervisor

Date:

Signature

[Signature]
Dr. GIRISH KATTI
 PRINCIPAL
 NAVODAYA DENTAL COLLEGE
 RAICHUR.

MANAGEMENT

REMARKS:

NAVODAYA EDUCATION TRUST @ RAICHUR

SELF APPRAISAL FORM

Name: Dr. Vinod Kumar Institution: Navodaya Dental College, Raichur

Designation: Head of the Department, Department: Pedodontics & Preventive Dentistry

For the Year: 2021-2022

1. Date of Joining → 29th July, 2013.

2. Date of Last Increment :

3. Appointment hold during the year with Designation & Salary → Head of the Department

4. Qualifications acquired during the year / Participation in seminars, Conferences, Courses, etc. → Participated and gave pre-conference lecture on Naso-alveolar molding in 42nd ISPPD national conference (virtual) from 24th Nov, 2021 to 27th Nov, 2021.

5. No. of Persons under control → 5

6. Brief Description of work allotted → HOD, supervising and monitoring the departments clinical, academic and administrative works.

7. Special Assignments → Department NAAC Co-ordinator.

8. Details of work accomplished and done well: → supervised all UG & PG programs, including administrative & NAAC work. Since 2017, after assumed as HOD, 8 PG's successfully completed MDS. NAAC dept work updated on time.

9. New methods / Process used if any in accomplishing the work → conducted online classes for UGs and also online clinical works has been demonstrated.

10. How many of the items of the under 6 above have been accomplished in set time → 11

11. Reasons for not completing the work → Nil

12. Help expected to complete the work and from whom → Nil

13. Do others co-operate with you → Yes

14. Are you making use of literature library available for making suggestions & self improvement → Yes

No. of publications till last year	No. of publications in the current year	Total no. of publications
26	5	31

15. Do you like the present job → Yes

16. Would you like to meet your superiors quite often → Yes

17. Give the details of the work and improvements if any
HOD, Administrative work, UG & PG clinical and academic work supervision and NMC work.

18. Would you like more varied experience if yes, specify details : —

19. Extra Curricular activities during the year: —

20. Any other relevant information about your performance during the year → Paper presented at South Asian Association of Pediatric dentistry (virtual summit) held on 9th-11th April, 2021. conducted pre-conference workshop as a speaker at 4th ISPPD national conference (virtual) held from 24th Nov, 2021 - 27th Nov, 2021.

21. Current changes in family status → No

22. Current changes in:
a) Address: 4-4-101/44, Dharmalakshmi layout, Ashok nagar, Raichur.
b) Phone No: 9845971171

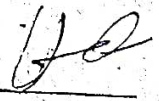
23. Your personal contribution towards Free camp → Participated, gave lecture & treated patients at free camp conducted in Sri Manik Prabu Institute for Blind, Raichur on 14.11.2021.

24. Total Patients treated in OPD since last One Year/ Surgeries Conducted →
PL's screened - 21
PT's treated - 17.
Total OPD (2021) - 296.
Total PT's treated (2021) - 274.

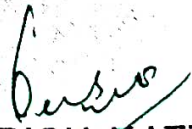
25. Leave availed by you during the year :

CL's _____, EL's _____, RH _____, OD _____, CPL _____, Sp.CL _____
LOP's _____, AB's _____, Total _____ dys

Date: 21/1/2021

Signature 

For use by immediate Principal / MS / Supervisor


Dr. GIRISH KATTI
PRINCIPAL
Signature NAVODAYA DENTAL COLLEGE
RAICHUR.

Date:

MANAGEMENT

REMARKS:

NAVODAYA EDUCATION TRUST @ RAICHUR

SELF APPRAISAL FORM

Name: Dr. Sugabeddy, Institution: Navodaya Dental College, Raichur

Designation: Prof & Head, Department: Orthodontics

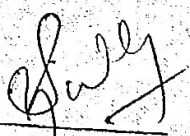
For the Year: 2021

1. Date of Joining : 02-07-2011
2. Date of Last Increment :
3. Appointment hold during the year with Designation & Salary : Prof & head, 2011,
4. Qualifications acquired during the year / Participation in seminars, Conferences, Courses, etc. : M.D.S
5. No. of Persons under control : Seven.
6. Brief Description of work allotted : U.G. Teaching & Practical
P.G. Teaching
7. Special Assignments : Ethical committee chairman.
8. Details of work accomplished and done well: Ethical meetings, conducted
Regularly.
9. New methods / Process used if any in accomplishing the work : Regular follow up.
10. How many of the items of the under 6 above have been accomplished in set time : completed.
11. Reasons for not completing the work : —
12. Help expected to complete the work and from whom : Department, faculty.
13. Do others co- operate with you : Yes.
14. Are you making use of literature library available for making suggestions & self improvement : Yes


No. of publications till last year	No. of publications in the current year	Total no: of publications
14	3	17

15. Do you like the present job : Yes -
16. Would you like to meet your superiors quite often : Yes.
17. Give the details of the work and improvements if any :
18. Would you like more varied experience if yes, specify details : NO.
19. Extra Curricular activities during the year: NO
20. Any other relevant information about your performance during the year : Developing Softwate to record JTMJ.
21. Current changes in family status : NO.
22. Current changes in:
 a) Address: 1-11-37/84A, Karnataka housing
 b) Phone No: Co-operative Society, Lingasur
 Road, Raichur. 584101
 9448112356
23. Your personal contribution towards Free camp :
24. Total Patients treated in OPD since last One Year/ Surgeries Conducted : NO.
10 cases.
25. Leave availed by you during the year :
- CL's _____, EL's _____, RH _____, OD _____, CPL _____, Sp.CL _____
- LOP's _____, AB's _____, Total _____ dys

Date: 06/01/2022

Signature 

For use by immediate Principal / MS / Supervisor


 Dr. GIRISH KATTI
 PRINCIPAL
 NAVODAYA DENTAL COLLEGE
 RAICHUR.

Date:

Signature

MANAGEMENT

REMARKS:

NAVODAYA EDUCATION TRUST @ RAICHUR

SELF APPRAISAL FORM

Name: Dr. E. Srinivas Reddy Institution: Navodaya Dental College, Raichur

Designation: Professor, Department: Prosthodontics

For the Year: 20-21

1. Date of Joining : 28/05/2008
2. Date of Last Increment : 2010
3. Appointment hold during the year with Designation & Salary : Professor / 72,200/- gross salary
4. Qualifications acquired during the year / Participation in seminars, Conferences, Courses, etc. : -
5. No. of Persons under control : 7
6. Brief Description of work allotted : Teaching for 1st yr to Final yr students
Post graduates student/discussion
Clinical work
Research work.
7. Special Assignments : -
8. Details of work accomplished and done well: Lectures, Practical demos, Implant
Procedures, Research of Patients.
9. New methods / Process used if any in accomplishing the work : Implants procedures different designing
10. How many of the items of the under 6 above have been accomplished in set time : All of the Above.
11. Reasons for not completing the work : -
12. Help expected to complete the work and from whom : All concerned persons working
under me.
13. Do others co-operate with you : Yes
14. Are you making use of literature library available for making suggestions & self improvement : Yes

No. of publications till last year	No. of publications in the current year	Total no. of publications
<u>3</u>		<u>12</u>

15. Do you like the present job : Yes

16. Would you like to meet your superiors quite often : yes

17. Give the details of the work and improvements if any : P.G. program, Implant cases

18. Would you like more varied experience if yes, specify details : Yes, ~~To~~ use newer technology and materials available

19. Extra Curricular activities during the year: -

20. Any other relevant information about your performance during the year : -

21. Current changes in family status : - None

22. Current changes in:
 a) Address:
 b) Phone No: 9869255729


23. Your personal contribution towards Free camp : Free denture camp.

24. Total Patients treated in OPD since last One Year/ Surgeries Conducted : 1000 Approximately


25. Leave availed by you during the year : -

CL's _____, EL's _____, RH _____, OD _____, CPL _____, Sp.CL _____
 LOP's _____, AB's _____, Total _____ dys

Date: 11/01/2022

Signature: 

For use by immediate Principal / MS / Supervisor


Dr. GIRISH KATTI
 PRINCIPAL
 NAVODAYA DENTAL COLLEGE
 RAICHUR.

Date: _____
 Signature: _____

MANAGEMENT

REMARKS:

NAVODAYA EDUCATION TRUST @ RAICHUR

SELF APPRAISAL FORM

Name: _____, Institution: Navodaya Dental College, Raichur

Designation: _____, Department: _____

For the Year: _____

1. Date of Joining :
2. Date of Last Increment :
3. Appointment hold during the year with Designation & Salary :
4. Qualifications acquired during the year / Participation in seminars, Conferences, Courses, etc. :
5. No. of Persons under control :
6. Brief Description of work allotted :
7. Special Assignments :
8. Details of work accomplished and done well:
9. New methods / Process used if any in accomplishing the work :
10. How many of the items of the under 6 above have been accomplished in set time :
11. Reasons for not completing the work :
12. Help expected to complete the work and from whom :
13. Do others co- operate with you :
14. Are you making use of literature library available for making suggestions & self improvement :

No. of publications till last year	No. of publications in the current year	Total no. of publications

- 15. Do you like the present job :
 - 16. Would you like to meet your superiors quite often :
 - 17. Give the details of the work and improvements if any :
 - 18. Would you like more varied experience if yes, specify details :
 - 19. Extra Curricular activities during the year:
 - 20. Any other relevant information about your performance during the year :
 - 21. Current changes in family status :
 - 22. Current changes in:
 - a) Address:
 - b) Phone No:
 - 23. Your personal contribution towards Free camp :
 - 24. Total Patients treated in OPD since last One Year/ Surgeries Conducted :
 - 25. Leave availed by you during the year :
- CL's _____, EL's _____, RH _____, OD _____, CPL _____, Sp. CL _____
- LOP's _____, AB's _____, Total _____ dys

Date: _____ Signature _____

For use by immediate Principal / MS / Supervisor

Date: _____ Signature _____

Girish Katti
Dr. GIRISH KATTI
 PRINCIPAL
 NAVODAYA DENTAL COLLEGE
 RAICHUR.

MANAGEMENT

REMARKS:

NAVODAYA EDUCATION TRUST @ RAICHUR

STAFF APPRAISAL FORM

Name: Deepa, Institution: Navodaya Dental College, Raichur
 Designation: Attender, Department: oral pathology

For the Year: _____
 1. Date of Joining: 17-7-1999
 2. Date of Last Increment: 3 - August - 2011
December - 2020

3. Appointment hold during the year with
 Designation & Salary: 1500/-
 4. Qualifications acquired during the year /
 Participation in seminars, Conferences,
 Courses, etc.: -

5. No. of Persons under control: 1
 6. Brief Description of work allotted:

Department cleaning, Keeping
 department files in order and
 department related works.
 Department work related to
 files, cleaning and other works
 work done according to
 satisfaction to Superiors

7. Special Assignments:
 8. Details of work accomplished and done well:
 9. New methods / Process used if any in
 accomplishing the work:

10. How many of the items of the under 6
 above have been accomplished in set time: -

11. Reasons for not completing the work: -

12. Help expected to complete the work and
 from whom: From Superiors, work
 accomplishment

13. Do others co-operate with you: yes

14. Are you making use of literature
 library available for making suggestions
 & self improvement: -

No. of publications till last year	No. of publications in the current year	Total no. of publications
<u>-</u>	<u>-</u>	<u>-</u>

- 15. Do you like the present job
 - 16. Would you like to meet your superiors quite often
 - 17. Give the details of the work and improvements if any
 - 18. Would you like more varied experience if yes, specify details
 - 19. Extra Curricular activities during the year:
 - 20. Any other relevant information about your performance during the year
 - 21. Current changes in family status
 - 22. Current changes in:
 - a) Address:
 - b) Phone No:
 - 23. Your personal contribution towards Free camp
 - 24. Total Patients treated in OPD since last One Year/ Surgeries Conducted
 - 25. Leave availed by you during the year
- CL's _____, EL's _____, RH _____, OD _____, CPL _____, Sp.CL _____
- LOP's _____, AB's _____, Total _____ dys

yes

yes

Department to keep clean and keeping files and other related works in order.

Not Married, Single

Harijan wada, Raichur
7892 804495

Date: 6/1/2022

Signature *Deepa*

For use by immediate Principal / MS / Supervisor

Girish Katti

Dr. GIRISH KATTI
PRINCIPAL
NAVODAYA DENTAL COLLEGE
RAICHUR.

Date:

Signature

MANAGEMENT

REMARKS:

NAVODAYA EDUCATION TRUST @ RAICHUR

SELF APPRAISAL FORM

Name: Renuka, Institution: Navodaya Dental College, Raichur

Designation: Aya, Department: prosthodontics

For the Year: _____

1. Date of Joining : 5/7/2012

2. Date of Last Increment : September

3. Appointment hold during the year with Designation & Salary : 6000/-

4. Qualifications acquired during the year / Participation in seminars, Conferences, Courses, etc. :

5. No. of Persons under control :

6. Brief Description of work allotted :

7. Special Assignments :

8. Details of work accomplished and done well:

9. New methods / Process used if any in accomplishing the work :

10. How many of the items of the under 6 above have been accomplished in set time :

11. Reasons for not completing the work :

12. Help expected to complete the work and from whom :

13. Do others co-operate with you :

14. Are you making use of literature library available for making suggestions & self improvement :

No. of publications till last year	No. of publications in the current year	Total no: of publications

- 15. Do you like the present job :
- 16. Would you like to meet your superiors quite often :
- 17. Give the details of the work and improvements if any :
- 18. Would you like more varied experience if yes, specify details :
- 19. Extra Curricular activities during the year:
- 20. Any other relevant information about your performance during the year :
- 21. Current changes in family status :
- 22. Current changes in:
 - a) Address:
 - b) Phone No:
- 23. Your personal contribution towards Free camp
- 24. Total Patients treated in OPD since last One Year/ Surgeries Conducted
- 25. Leave availed by you during the year :

yes

Ambdhal Nagar
10225 33022

CL's _____, EL's _____, RH _____, OD _____, CPL _____, Sp. CL _____
 LOP's _____, AB's _____, Total _____ dys

Date: 6/01/2022 Signature: [Signature]

For use by immediate Principal / MS / Supervisor

Date: _____ Signature: [Signature]
DR. GIRISH KATTI
 PRINCIPAL
 NAVODAYA DENTAL COLLEGE
 RAICHUR.

MANAGEMENT

REMARKS:

NAVODAYA EDUCATION TRUST ® RAICHUR

SELF APPRAISAL FORM

Name: Jambulamma, Institution: Navodaya Dental College, Raichur

Designation: Ayyamma, Department: Oral pathology

For the Year: 1-6-1978

1. Date of Joining: 20019

2. Date of Last Increment: December - 2021

3. Appointment hold during the year with Designation & Salary: Ayyamma

4. Qualifications acquired during the year / Participation in seminars, Conferences, Courses, etc.: ₹,000/-

5. No. of Persons under control: 1

6. Brief Description of work allotted: Cleaning of department

7. Special Assignments: -

8. Details of work accomplished and done well: yes according to

9. New methods / Process used if any in accomplishing the work: superior

10. How many of the items of the under 6 above have been accomplished in set time: -

11. Reasons for not completing the work: -

12. Help expected to complete the work and from whom: -

13. Do others co-operate with you: yes

14. Are you making use of literature library available for making suggestions & self improvement: -

No. of publications till last year	No. of publications in the current year	Total no. of publications

15. Do you like the present job
 16. Would you like to meet your superiors quite often
 17. Give the details of the work and improvements if any
 18. Would you like more varied experience if yes, specify details
 19. Extra Curricular activities during the year:
 20. Any other relevant information about your performance during the year
 21. Current changes in family status
 22. Current changes in:
 - a) Address:
 - b) Phone No:
 23. Your personal contribution towards Free camp
 24. Total Patients treated in OPD since last One Year/ Surgeries Conducted
 25. Leave availed by you during the year
- CL's _____, EL's _____, RH _____, OD _____, CPL _____, Sp.CL _____
- LOP's _____, AB's _____, Total _____ dys

yes

yes

cleaning of department

SENIOR

Married

Harijanwada, Raichur

Date: 6/1/2022

Signature *Jensh*

For use by immediate Principal / MS / Supervisor

Date:

Signature

Girish Katti
 DR. GIRISH KATTI
 PRINCIPAL
 NAVODAYA DENTAL COLLEGE
 RAICHUR.

MANAGEMENT

REMARKS:

NAVODAYA EDUCATION TRUST @ RAICHUR

SELF APPRAISAL FORM

Name: Mrs. Kavitha, Institution: Navodaya Dental College, Raichur

Designation: Attender, Department: Prosthodontics

For the Year: 2022

1. Date of Joining : 07-12-2016.
2. Date of Last Increment : Oct 2021.
3. Appointment hold during the year with Designation & Salary : Attender & Rs. ~~5000/-~~ 4000/-
4. Qualifications acquired during the year / Participation in seminars, Conferences, Courses, etc. : NO.
5. No. of Persons under control : 01.
6. Brief Description of work allotted : cleaning of slabs, PCP tables, spittoons, PG section, Plastic room, ceramic lab, Billing, Indent, Sterilization, Assisting PI's.
7. Special Assignments : Indenting, Sterilization, Assisting PG's, Billing.
8. Details of work accomplished and done well : Started learning about Billing & Refunds.
9. New methods / Process used if any in accomplishing the work : ALL.
10. How many of the items of the under 6 above have been accomplished in set time : ALL.
11. Reasons for not completing the work : Assistants & Krishna
12. Help expected to complete the work and from whom : Yes
13. Do others co-operate with you : Yes
14. Are you making use of literature library available for making suggestions & self improvement : —

No. of publications till last year	No. of publications in the current year	Total no: of publications

15. Do you like the present job : Yes

16. Would you like to meet your superiors quite often : Yes

17. Give the details of the work and improvements if any : Regarding maintenance of clean department.

18. Would you like more varied experience if yes, specify details : Req. assistance in surgical cases.

19. Extra Curricular activities during the year: -

20. Any other relevant information about your performance during the year : -

21. Current changes in family status : -

22. Current changes in:
 a) Address: Pr. B.R. Ambedkar Nagar, Harijanawada, Raichur
 b) Phone No: 7204955423

23. Your personal contribution towards Free camp : Sterilization, Patient maintenance, Material Usage, Stock verification

24. Total Patients treated in OPD since last One Year/ Surgeries Conducted : -

25. Leave availed by you during the year :
 CL's _____, EL's _____, RH _____, OD _____, CPL _____, Sp. CL _____
 LOP's _____, AB's _____, Total _____ dys

Date: 06-01-2022

Katti
Signature

For use by immediate Principal / MS / Supervisor

Date: 06-01-2022

Signature

Katti
 Dr. GIRISH KATTI
 PRINCIPAL
 NAVODAYA DENTAL COLLEGE
 RAICHUR.

MANAGEMENT

REMARKS:

NAVODAYA EDUCATION TRUST @ RAICHUR

SELF APPRAISAL FORM

Name: Anjinayya, Institution: Navodaya Dental College, Raichur
 Designation: Attender, Department: Orthodontics
 For the Year: 2022

1. Date of Joining: 7/12/2009

2. Date of Last Increment: 2019

3. Appointment hold during the year with Designation & Salary: Attender, Rs ~~1000/-~~ 1500/-

4. Qualifications acquired during the year / Participation in seminars, Conferences, Courses, etc.:

5. No. of Persons under control: 2

6. Brief Description of work allotted: Department works

7. Special Assignments:

8. Details of work accomplished and done well: All other works assigned by staff

9. New methods / Process used if any in accomplishing the work:

10. How many of the items of the under 6 above have been accomplished in set time:

11. Reasons for not completing the work:

12. Help expected to complete the work and from whom:

13. Do others co-operate with you: yes

14. Are you making use of literature library available for making suggestions & self improvement: -

No. of publications till last year	No. of publications in the current year	Total no. of publications

15. Do you like the present job Yes

16. Would you like to meet your superiors quite often No

17. Give the details of the work and improvements if any

18. Would you like more varied experience if yes, specify details

19. Extra Curricular activities during the year

20. Any other relevant information about your performance during the year

21. Current changes in family status

22. Current changes in:
 a) Address:
 b) Phone No:

23. Your personal contribution towards Free camp

24. Total Patients treated in OPD since last One Year/ Surgeries Conducted

25. Leave availed by you during the year

CL's _____, EL's _____, RH _____, OD _____, CPL _____, Sp.CL _____

LOP's _____, AB's _____, Total _____ dys

Date: 6/1/22 Signature [Signature]

For use by immediate Principal / MS / Supervisor

Date: _____ Signature [Signature]
Dr. GIRISH KATTI
 PRINCIPAL
 NAVODAYA DENTAL COLLEGE
 RAICHUR.

MANAGEMENT

REMARKS: