



RAJMATA JIJAU SHIKSHAN PRASARAK MANDAL'S
COLLEGE OF PHARMACY (B.Pharm.)

Approved by PCI, AICTE, Govt. of Maharashtra & DTE
Affiliated to Savitribai Phule Pune University, Pune
DTE Code:- 6382 University Code:- CPHPO13150



Certified by ISO 9001-2015,
ISO : 14001-2015

Recognised as Green Educational
Campus

Hon. Shri. Vilasrao V. Lande
President

Hon. Shri. Sudhir V. Mungase
Secretary

Hon. Shri. Ajit D. Gavhane
Treasurer

Dr. Kishor S. Jain
Principal

6.3.1

The institution has effective welfare measures and Performance Appraisal System for teaching and non-teaching staff



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1. Appraisal form of teaching

राजमाता जिजाऊ शिक्षण प्रसारक मंडळाचे, कॉलेज ऑफ फार्मसी
Gat No.101/102, Moshi-Alandi Road, Dudulgaon, Pune.
Post-Alandi, Tal.: Haveli, Pune-412105, Maharashtra (India)
Phone : (020) 20280280, 7447763086, 9422322070

 : www.rjspmpharmacy.com

Email: rjspmcop123@gmail.com

Committed for Excellence in Education

     /rjspmpharmacy



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Duration of Appraisal: From _____ to _____

PART - I : SELF APPRAISAL

A. General Information

1. Name _____
2. Designation _____
3. Department _____
4. Date of Appointment
(i) In the Institution _____
(ii) In the present post _____

B. Job Performance

1. Performance of Engaging Practical

Sr. No.	Class	Subject	No. of Practicals / Assignment (as per syllabus)	No. of Practicals / Assignment conducted	% Attendance of students

2. Student's Feedback

Sr. No.	Class	Subject	Student's Feedback average score (on 10 point scale)

C. Participation in University/ MSBTE / DTE work :

1. Conduct of Exams _____
2. Internal Evaluation _____
3. Any Other _____

(Use separate sheet if needed and provide information in the same format)



[Handwritten Signature]



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D. Participation in Institute activities

a. Academic / Lab. development	
b. Co-curricular activities	
c. Students counseling / welfare	
d. Organising seminar/ conference, etc.	
e. Learning Resource Development	
f. Organizing industrial visits/ study tours	
g. Enrichment of campus life	
h. Any other	

(Use separate sheet, if needed & Provide information in the same format)

E. Participation in professional activities

1. Membership of professional bodies / Social organization, etc.

2. Delivering expert lecture / conducting professional training/consultation/testing, etc.

3. Participated in Seminar / Workshop

Title of Seminar / Workshop	Organized by	Date

4. Writing Research Paper/ Articles/ Reports etc.

F. Improvement efforts

1. Steps taken by you to cover missed practical





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2. Innovative approach for conducting practicals/ maintenance of equipments etc.

3. Improving self-qualification

4. Any special achievement during the year

5. How would you assess your own performance during the past year against the target set for you?

6. Target set for next academic year

Signature: _____

Name _____

PART- II

Remarks of the Reporting Authority (HOD)

- 1) Please state whether you agree with the _____
self assessment of the repartee, _____
if not, the reason there for : _____
- 2) What according to you are the faults and _____
responsibilities of the above said employee _____
for shortfall, if any : _____
- 3) Constructive suggestions to improve the _____
performance of the staff members : _____





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Teaching/ Practical Performance Factors

Factors	A+	A	A-	B+	B	B-	C
1 Knowledge and preparation of subject							
2. Communication skill							
3. Ability to create interest among students							
4. Punctuality							
5. Work planning and Control							
6. Class room control and discipline							
7. Influence over students, parents and colleagues.							
8. Administrative ability including judgement, initiative & Drive							
9. Interest in students assignments							
10.Fidelity in carrying out superior authority's instructions							
1) A+: Outstanding 2) A : Very good 3) A- : Nearino Very good	4) B+: Positively good 5) B : Good 6) B- : Average 7) C : Below average						

4) Award(s) or penalties if any _____

General Assessment (Tick whichever is applicable)	A+	A	A-	B+	B	B-	C
1) A+ : Outstanding 2) A : Very Good 3) A- : Nearing Very Good 4) B+ : Positively Good							
	5) B : Good 6) B-: Average 7) C : Below Average						

5) Fitness to continue in the present post

Yes / No

6) Fitness for promotion

FIT/ Not FIT

7)

8) Regular increment may be given

Yes / No

Date: _____

Signature: _____

Name of HOO: _____





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PART-III

Remarks of the Reviewing Officer (Principal)

1. Length of Service under Reviewing Officer	
2. Do you agree with the Reporting Officer or do you wish to modify or add to his assessment	

Date: _____

Signature-----

Name of Principal : -----




PRINCIPAL
Rajmata Jijau Shikshan Prasarak Mandal's
COLLEGE OF PHARMACY
Dudulgaon, Pune-412 105.



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2. Appraisal form of non-teaching



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Non-teaching Staff

शिक्षकेतर कर्मचारी - कार्यालयीन

Duration of Appraisal: From _____ to _____

मुल्यांकनाचा कालावधी: _____ पासून _____ पर्यंत

भाग: १ - स्वयंमुल्यांकन निर्धारण
PART - I: SELF APPRAISAL

General information (सर्वसाधारण माहिती)

1. Name (नाव) : _____
2. Position (धारण केलेले पद) : _____
3. Department (विभाग) : _____
4. Date of Appointment in the Institution (संस्थेत नेमणुकीचा दिनांक) : _____
5. Date of appointment to the present post (सध्याच्या पदावरील नेमणुकीचा दिनांक) : _____
6. Are you computer literate? (आपण संगणक साक्षर आहात का?) : Yes (होय) / No (नाही)
If yes, please provide information (असल्यास माहिती द्यावी) : _____

If not, what have you are doing for computer education? (नसल्यास संगणक शिक्षणासाठी काय प्रयत्न केले / करत आहात?) _____

7. What is your educational qualification? (आपली शैक्षणिक पात्रता काय आहे?) _____
8. Efforts made in last year to increase educational qualification (शैक्षणिक पात्रता वाढवण्यासाठी गेल्या वर्षात केलेले प्रयत्न) _____
9. If any other course / training taken in last year should be given information (गेल्या वर्षात काही इतर कोर्स / प्रशिक्षण घेतले असल्यास माहिती द्यावी)

Sr. No.	Course / Seminar Name (कोर्स / सेमिनारचे नाव)	Organizer (आयोजक)	Duration (कालावधी)

10. Notable work / contribution during the year (वर्षभरातील उल्लेखनीय काम / योगदान) _____

11. New year's resolutions / work goals (नविन वर्षासाठी केलेले संकल्प / कामाची उद्दिष्टे) : _____



Signature, name and designation
of the employee
(कर्मचार्याची सही, नाव व पद)



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Part: 2 – Feedback of the Reporting Officer

भाग : २ – प्रतिवेदन अधिकाऱ्याचा अभिप्राय

1. Do you agree with the opinion of the said employee?

(सदर कर्मचारी यांच्या मताशी आपण सहमत आहात का?) _____

If not, give the reasons (नसल्यास त्याची कारणे) _____

2. Feedback on the employee's general aptitude and character (कर्मचाऱ्याची सर्वसाधारण योग्यता व चारित्र्य यासंबंधी अभिप्राय)

	A+	A	A-	B+	B	B-	C
Industry love and work readiness (उद्योग प्रियता व कार्य तत्परता)							
Relations with colleagues and public (सहकारी व जनता यांच्याशी असलेले संबंध)							
General intelligence (सर्वसाधारण बुद्धीमत्ता)							
Integrity and character (सन्मोटी व चारित्र्य)							
Ability to work from subordinates (हाताखालील कर्मचाऱ्यांकडून काम करून घेण्याची क्षमता)							
Ability to work on computer (संगणकावर काम करण्याची क्षमता)							
Punctuality (वक्तशीरपणा)							
Quality of work (कामाचा दर्जा)							
Ability to work independently (स्वतंत्रपणे काम करण्याची क्षमता)							
1] A+ : Outstanding 3] A- : Nearing Very Good 5] B : Good 7] C : Below Average 2] A : Very Good 4] B+ : Positively Good 6] B- : Average							

3. What should be done in order to improve the work of the employee (कर्मचाऱ्याच्या कामात सुधारणा होण्याच्या दृष्टीने काय करायला हवे)? _____

4. Does the employee need any training? (कर्मचाऱ्यास काही प्रशिक्षणाची गरज आहे का?)

Required area if any (असल्यास आवश्यक क्षेत्र) _____

5. How is the employee's physical ability? (कर्मचाऱ्याची शारिरीक क्षमता कशी आहे?) _____

6. Ability to work as a member of a group (एखाद्या गटातील एक सदस्य या नात्याने काम करण्याची क्षमता) _____

7. Eligibility for promotion (पदोन्नतीसाठी पात्रता)

Inappropriate (अयोग्य) _____

Appropriate according to seniority (जेष्ठतेनुसार योग्य) _____

Suitable for quick promotion (त्वरीत बढतीसाठी योग्य) _____

8. General Assessment (✓ to be done) (सर्वसाधारण मुल्यांकन) (✓ करावी)

A+	A	A-	B+	B	B-	C
1] A+ : Outstanding 3] A- : Nearing Very Good 5] B : Good 7] C : Below Average 2] A : Very Good 4] B+ : Positively Good 6] B- : Average						

9. Regular annual increment should be given /should not be given. (नियमित वार्षिक वेतनवाढ देण्यात यावी / देण्यात येऊ नये.)



Signature (सही) _____

Name of Head of Department (विभाग प्रमुखाचे नाव) _____



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Part 3. - Opinion of the Reviewing Officer

भाग ३. - पुनर्विलोकन अधिकाऱ्याचा अभिप्राय

१. Do you agree with the feedback of the reporting officer?
(प्रतिवेदन अधिकाऱ्याच्या अभिप्रायाशी आपण सहमत आहात का?) _____
If not, the reasons (नसल्यास त्याची कारणे) _____
२. Review Officer's Feedback / Remarks if not agreed as above (वरील प्रमाणे सहमत नसल्यास
पुनर्विलोकन अधिकाऱ्याचा अभिप्राय / शेर) _____

Signature (सही) _____

Name of Principal/Institute Head (प्राचार्य/संस्था प्रमुखाचे नाव)





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Class IV Staff – Peon / Watchman

चतुर्थ श्रेणी कर्मचारी – शिपाई / वॉचमन

Duration of Appraisal: From _____ to _____

मुल्यांकनाचा कालावधी: _____ पासून _____ पर्यंत

Part: 1 – SELF APPRAISAL

भाग: १ – स्वयंमुल्यांकन निर्धारण

General information (सर्वसाधारण माहिती)

1. Name (नाव) : _____
2. Position (धारण केलेले पद) : _____
3. Department (विभाग) : _____
4. Date of Appointment in the Institution (संस्थेत नेमणुकीचा दिनांक) : _____
5. Date of appointment to the present post (सध्याच्या पदावरील नेमणुकीचा दिनांक) : _____
6. Are you computer literate? (आपण संगणक साक्षर आहात का?) : Yes (होय) / No (नाही)
If yes, please provide information (असल्यास माहिती द्यावी) : _____

If not, what have you are doing for computer education? (नसल्यास संगणक शिक्षणासाठी काय प्रयत्न केले / करत आहात?) _____

7. What is your educational qualification? (आपली शैक्षणिक पात्रता काय आहे?) _____
8. Efforts made in last year to increase educational qualification (शैक्षणिक पात्रता वाढवण्यासाठी गेल्या वर्षात केलेले प्रयत्न) _____
9. Notable work / contribution during the year (वर्षभरातील उल्लेखनीय काम / योगदान) _____

10. New year's resolutions / work goals (नविन वर्षासाठी केलेले संकल्प / कामाची उदिदष्टे) : _____



Signature, name and designation
of the employee
(कर्मचार्याची सही, नाव व पद)



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Part: 2 – Feedback of the Reporting Officer

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1. Do you agree with the opinion of the said employee?
(सदर कर्मचारी यांच्या मताशी आपण सहमत आहात का?) _____
If not, give the reasons (नसल्यास त्याची कारणे) _____

2. Feedback on the employee's general aptitude and character (कर्मचार्याची सर्वसाधारण योग्यता व चारित्र्य यासंबंधी अभिप्राय)

	A+	A	A-	B+	B	B-	C
Industry love and work readiness (उद्योग प्रियता व कार्य तत्परता)							
Relations with colleagues and public (सहकारी व जनता यांच्याशी असलेले संबंध)							
General intelligence (सर्वसाधारण बुद्धीमत्ता)							
Integrity and character (सचोटी व चारित्र्य)							
Ability to work from subordinates (हाताखालील कर्मचार्यांकडून काम करून घेण्याची क्षमता)							
Ability to work on computer (संगणकावर काम करण्याची क्षमता)							
Punctuality (वक्तशीरपणा)							
Quality of work (कामाचा दर्जा)							
Ability to work independently (स्वतंत्रपणे काम करण्याची क्षमता)							

1] A+ : Outstanding 3] A- : Nearing Very Good 5] B : Good 7] C : Below Average
2] A : Very Good 4] B+ : Positively Good 6] B- : Average

3. What should be done in order to improve the work of the employee (कर्मचार्याच्या कामात सुधारणा होण्याच्या दृष्टीने काय करावयाचे हवे)?

4. Does the employee need any training? (कर्मचार्यास काही प्रशिक्षणाची गरज आहे का?)
Required area if any (असल्यास आवश्यक क्षेत्र)

5. Eligibility for promotion (पदोन्नतीसाठी पात्रता)

Inappropriate (अयोग्य) _____

Appropriate according to seniority (जेष्ठतेनुसार योग्य) _____

Suitable for quick promotion (त्वरित बढतीसाठी योग्य) _____

6. General Assessment (✓ to be done) (सर्वसाधारण मुल्यांकन) (✓ करावी)

A+	A	A-	B+	B	B-	C

1] A+ : Outstanding 3] A- : Nearing Very Good 5] B : Good 7] C : Below Average
2] A : Very Good 4] B+ : Positively Good 6] B- : Average

7. Regular annual increment should be given /should not be given. (नियमित वार्षिक वेतनवाढ देण्यात यावी / देण्यात येऊ नये.)



Signature (सही) _____

Name of Head of Department (विभाग प्रमुखाचे नाव) _____



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Part 3. - Opinion of the Reviewing Officer

भाग ३. - पुनर्विलोकन अधिकाऱ्याचा अभिप्राय

1. Do you agree with the feedback of the reporting officer?
(प्रतिवेदन अधिकाऱ्याच्या अभिप्रायाशी आपण सहमत आहात का?) _____
If not, the reasons (नसल्यास त्याची कारणे) _____
2. Review Officer's Feedback / Remarks if not agreed as above (वरील प्रमाणे सहमत नसल्यास
पुनर्विलोकन अधिकाऱ्याचा अभिप्राय / शेर) _____

Signature (सही) _____

Name of Principal/Institute Head (प्राचार्य/संस्था प्रमुखाचे नाव)




PRINCIPAL
Rajmata Jijau Shikshan Prasarak Mandal's
COLLEGE OF PHARMACY
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