



# **D Y PATIL DENTAL SCHOOL**

**Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105**

*Affiliated to Maharashtra University of Health Sciences, Nashik*

*Recognized by Dental Council of India*



## **SELF STUDY REPORT (CYCLE 1) 2018-2023**

**Criteria 6: Governance, Leadership and Management**

**Key Indicator: 6.3 Faculty Empowerment Strategies**

**Metric: 6.3.5 The Institution has performance appraisal system for teaching and non-teaching staff.**

**Any Other Relevant Information**

<b>Sr No</b>	<b>Performance Appraisal Form</b>	<b>Page No.</b>
1	Teaching Staff	5-16
2	Non - Teaching Staff	18-32

# **Performance Appraisal Form**

Teaching Staff

**Dental Teaching Faculty Evaluation Proforma (DFEP)**

**D Y Patil Dental School, Lohegaon, Pune**

Name of Faculty :

Department :

Date of Joining DYPDS :

Present Designation:

Date of Last Promotion:

Period of Evaluation : From 1<sup>st</sup> May 2020 To 30<sup>th</sup> April 2021  
(DD MM YY) (DD MM YY)

No of Days Leave Taken

During this period. :

Total Points Claimed :

Signature of the Faculty.

Signature of the HOD


**Eligibility criteria**

(Each faculty to answer the following criteria)

Sl no	Activities	No of Activities Attended	Scores	Scores Obtained	
1	<b>U G Training Program</b>		10	-	
	Class Conducted		10		
	Clinical Discussions Taken		10		
	Practical and Clinics Conducted		10		
	Demonstrations Given		10		
2	<b>Departmental / Institutional work</b>	<b>Numbers Added</b>	<b>Scores</b>	<b>Scores Obtained</b>	
	Invigilation /Custodian/Other Examination Related work for the: Institute : MUHS :		10		
	No of Departmental Meetings Attended		10		
	Participation in Departmental Activities		10		
	No of local Conference Attended		10		
	<b>3 Outreach Program Activities ( Dental Camps)</b>		10		
	4	<b>Research</b>			
		No of Publications done (Min 1 per Year)		10	
		Contribution for Book ,Chapter, Monogram		10	
		No of poster/paper presented ( Min 1 per year)		10	
No of Conferences attended (state/National/International)					
No of Research Projects Taken			10		
No of Research Guided			10		
No of Invited Guest Lectures Delivered			10		
No of Workshop Invited as Resource Person			10		
Collaborative research/ Ph.D.			10		
Any other					
5		<b>Attendance of Functions</b>		10	
		Republic Day		10	
	Independence Day		10		
	Gandhi Jayanti		10		
	Annual Day/Fresher's Day		10		
	Any Other				
6	<b>Receipt of Awards and Recognitions</b>				
	Local /state/national/international				
7	<b>Organizational Activity</b>				
	State/national level				
	Post held in the organizing committee				
8	<b>Innovative Activity</b>				
	Conduct of NSS activity				
9	<b>Any other Academic Activity Not Covered Above</b>				

- Kindly enclose the necessary proofs.



  
 Dean  
 D. Y. Patil Dental School

Dental Teaching Faculty Evaluation Proforma (DFEP)

D Y Patil Dental School, Lohegaon, Pune

Name of Faculty : Dr. Rakesh Mutha

Department : Periodontics.

Date of Joining DYPDS :

Present Designation: Reader.

Date of Last Promotion:

Period of Evaluation : From 1<sup>st</sup> May 2022 To 30<sup>th</sup> April 2023  
(DD MM YY) (DD MM YY)

No of Days Leave Taken

During this period. : 41.

Total Points Claimed : 130

Mutha

Signature of the Faculty.

Signature of the HOD

HOD Periodontics



Eligibility criteria

(Each faculty to answer the following criteria)

Sl no	Activities	No of Activities Attended	Scores	Scores Obtained
1	<b>U G Training Program</b>			
	Class Conducted		10	-
	Clinical Discussions Taken	34	10	10
	Practical and Clinics Conducted	23	10	10
	Demonstrations Given	16	10	10
		8	10	10
2	<b>Departmental / Institutional work</b>	Numbers Added	Scores	Scores Obtained
	Invigilation /Custodian/Other Examination Related work for the: Institute : <i>Yes</i> MUHS : <i>Yes</i>	1	10	10
	No of Departmental Meetings Attended	8	10	10
	Participation in Departmental Activities	2	10	10
	No of local Conference Attended		10	
3	<b>Outreach Program Activities ( Dental Camps)</b>		10	
4	<b>Research</b>			
	No of Publications done (Min 1 per Year)		10	
	Contribution for Book ,Chapter, Monogram		10	
	No of poster/paper presented ( Min 1 per year)		10	
	No of Conferences attended (state/National/International)			
	No of Research Projects Taken		10	
	No of Research Guided	1	10	10
	No of Invited Guest Lectures Delivered		10	
	No of Workshop Invited as Resource Person		10	
	Collaborative research/ Ph.D.		10	
	Any other		10	
5	<b>Attendance of Functions</b>			
	Republic Day	1	10	10
	Independence Day	1	10	10
	Gandhi Jayanti		10	
	Annual Day/Fresher's Day	1	10	10
	Any Other ( <i>International Yoga Day</i> )	1	10	10
6	<b>Receipt of Awards and Recognitions</b>			
	Local /state/national/international			
7	<b>Organizational Activity</b>			
	State/national level			
	Post held in the organizing committee			
	Conduct of NSS activity			
8	<b>Innovative Activity</b>			
9	<b>Any other Academic Activity Not Covered Above</b>	1		10

- Kindly enclose the necessary proofs. (*Mentorship*)

Dental Teaching Faculty Evaluation Proforma (DFEP)

D Y Patil Dental School, Lohegaon, Pune

Name of Faculty : Dr. Parag Dattatray Hodge

Department : Periodontology

Date of Joining DYPDS : 28/01/2016

Present Designation: Professor

Date of Last Promotion: 01/08/2020

Period of Evaluation : From 1<sup>st</sup> May 2022 To 30<sup>th</sup> April 2023  
(DD MM YY) (DD MM YY)

No of Days Leave Taken

During this period. : 39

Total Points Claimed : 130

  
Signature of the Faculty.

  
Signature of the HOD

HOD Periodontics



Eligibility criteria

(Each faculty to answer the following criteria)

Sl no	Activities	No of Activities Attended	Scores	Scores Obtained
1	<b>U G Training Program</b>		10	-
	Class Conducted	36	10	10
	Clinical Discussions Taken	25	10	10
	Practical and Clinics Conducted	15	10	10
	Demonstrations Given	8	10	10
2	<b>Departmental / Institutional work</b>	Numbers Added	Scores	Scores Obtained
	Invigilation /Custodian/Other Examination Related work for the: Institute : <i>YES</i> MUHS : <i>Center in charge</i>	1	10	10
	No of Departmental Meetings Attended	8	10	10
	Participation in Departmental Activities	2	10	10
	No of local Conference Attended		10	
3	<b>Outreach Program Activities ( Dental Camps)</b>		10	
4	<b>Research</b>			
	No of Publications done (Min 1 per Year)		10	
	Contribution for Book ,Chapter, Monogram		10	
	No of poster/paper presented ( Min 1 per year)		10	
	No of Conferences attended (state/National/International)			
	No of Research Projects Taken	1	10	10
	No of Research Guided	1	10	10
	No of Invited Guest Lectures Delivered		10	
	No of Workshop Invited as Resource Person		10	
	Collaborative research/ Ph.D.		10	
	Any other		10	
5	<b>Attendance of Functions</b>			
	Republic Day	1	10	10
	Independence Day	1	10	10
	Gandhi Jayanti		10	
	Annual Day/Fresher's Day	1	10	10
	Any Other <i>International Yoga Day</i>	1	10	10
6	<b>Receipt of Awards and Recognitions</b>			
	Local /state/national/international			
7	<b>Organizational Activity</b>			
	State/national level			
	Post held in the organizing committee			
	Conduct of NSS activity			
8	<b>Innovative Activity</b>			
9	<b>Any other Academic Activity Not Covered Above</b>	1		10

- Kindly enclose the necessary proofs. *Mentorship*

Dental Teaching Faculty Evaluation Proforma (DFEP)

D Y Patil Dental School, Lohegaon, Pune

Name of Faculty : Dr Karibasappa G. M

Department : Public Health Dentistry

Date of Joining DYPDS : 17/5/2016

Present Designation: Professor and Head.

Date of Last Promotion:

Period of Evaluation : From 1<sup>st</sup> May 2022 To 30<sup>th</sup> April 2023  
(DD MM YY) (DD MM YY)

No of Days Leave Taken

During this period. : 10

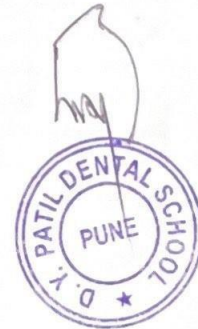
Total Points Claimed :

*[Handwritten Signature]*

Signature of the Faculty.

*[Handwritten Signature]*

Signature of the HOD



**Eligibility criteria**

(Each faculty to answer the following criteria)

Sl no	Activities	No of Activities Attended	Scores	Scores Obtained	
1	<b>U G Training Program</b>		10	-	
	Class Conducted	30	10		
	Clinical Discussions Taken	35	10		
	Practical and Clinics Conducted	40	10		
	Demonstrations Given	24	10		
2	<b>Departmental / Institutional work</b>	Numbers Added	Scores	Scores Obtained	
	Invigilation /Custodian/Other Examination Related work for the: Institute : 2 MUHS : 2		10		
	No of Departmental Meetings Attended	12	10		
	Participation in Departmental Activities	10	10		
	No of local Conference Attended	1	10		
	<b>3 Outreach Program Activities ( Dental Camps)</b>		10		
	4	<b>Research</b>			
		No of Publications done (Min 1 per Year)	2	10	
Contribution for Book ,Chapter, Monogram			10		
No of poster/paper presented ( Min 1 per year)		1	10		
No of Conferences attended (state/National/International)		-			
No of Research Projects Taken		2	10		
No of Research Guided		2	10		
No of Invited Guest Lectures Delivered		1	10		
No of Workshop Invited as Resource Person		1	10		
Collaborative research/ Ph.D.			10		
Any other		10			
5	<b>Attendance of Functions</b>				
	Republic Day	1	10		
	Independence Day	1	10		
	Gandhi Jayanti	1	10		
	Annual Day/Fresher's Day	1	10		
	Any Other	1	10		
6	<b>Receipt of Awards and Recognitions</b>				
	Local /state/national/international				
7	<b>Organizational Activity</b>				
	State/national level	1			
	Post held in the organizing committee				
	Conduct of NSS activity	5			
8	<b>Innovative Activity</b>				
9	<b>Any other Academic Activity Not Covered Above</b>				

- Kindly enclose the necessary proofs.

**Dental Teaching Faculty Evaluation Proforma (DFEP)**

**D Y Patil Dental School, Lohegaon, Pune**

Name of Faculty : *Dr. Pradeep Shetty*

Department : *conservative Dentistry and Endodontics*

Date of Joining DYPDS : *21/03/2023*

Present Designation: *Professor & HOD*

Date of Last Promotion: *21/03/2023*

Period of Evaluation : From 1<sup>st</sup> May 2022 To 30<sup>th</sup> April 2023  
(DD MM YY) (DD MM YY)

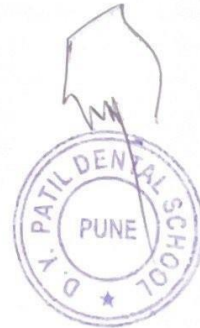
No of Days Leave Taken

During this period. : *12*

Total Points Claimed : *160.*

Signature of the Faculty.

Signature of the HOD



### Eligibility criteria

(Each faculty to answer the following criteria)

Sl no	Activities	No of Activities Attended	Scores	Scores Obtained
1	<b>U G Training Program</b>			
	Class Conducted		10	10
	Clinical Discussions Taken	05	10	10
	Practical and Clinics Conducted	05	10	10
	Demonstrations Given	10	10	10
2	<b>Departmental / Institutional work</b>	Numbers Added	Scores	Scores Obtained
	Invigilation /Custodian/Other Examination Related work for the: Institute : MUHS :		10	
	No of Departmental Meetings Attended	13	10	10
	Participation in Departmental Activities	02	10	10
	No of local Conference Attended	6	10	10
3	<b>Outreach Program Activities ( Dental Camps)</b>	1	10	10
4	<b>Research</b>			
	No of Publications done (Min 1 per Year)	2	10	20
	Contribution for Book ,Chapter, Monogram	0	10	
	No of poster/paper presented ( Min 1 per year)		10	
	No of Conferences attended (state/National/International)	2		10
	No of Research Projects Taken		10	
	No of Research Guided		10	
	No of Invited Guest Lectures Delivered	05	10	10
	No of Workshop Invited as Resource Person	10	10	10
	Collaborative research/ Ph.D.		10	
	Any other		10	
5	<b>Attendance of Functions</b>			
	Republic Day	1	10	10
	Independence Day	1	10	10
	Gandhi Jayanti	0	10	
	Annual Day/Fresher's Day	1	10	10
	Any Other		10	
6	<b>Receipt of Awards and Recognitions</b>			
	Local /state/national/international	—		
7	<b>Organizational Activity</b>			
	State/national level			
	Post held in the organizing committee			
	Conduct of NSS activity			
8	<b>Innovative Activity</b>			
9	<b>Any other Academic Activity Not Covered Above</b>			

- Kindly enclose the necessary proofs.



Dental Teaching Faculty Evaluation Proforma (DFEP)

D Y Patil Dental School, Lohegaon, Pune

Name of Faculty : DR. GIRISH N. BYAKOD

Department : PERIODONTICS

Date of Joining DYPDS :

Present Designation: Prof & Head

Date of Last Promotion:

Period of Evaluation : From 1<sup>st</sup> May 2022 To 30<sup>th</sup> April 2023  
(DD MM YY) (DD MM YY)

No of Days Leave Taken

During this period. : — —

Total Points Claimed : 150

Signature of the Faculty.

Signature of the HOD

HOD Periodontics



### Eligibility criteria

(Each faculty to answer the following criteria)

Sl no	Activities	No of Activities Attended	Scores	Scores Obtained
1	<b>U G Training Program</b>		10	-
	Class Conducted	36	10	10
	Clinical Discussions Taken	22	10	10
	Practical and Clinics Conducted	12	10	10
	Demonstrations Given	8	10	10
2	<b>Departmental / Institutional work</b>	<b>Numbers Added</b>	<b>Scores</b>	<b>Scores Obtained</b>
	Invigilation /Custodian/Other Examination Related work for the: Institute : MUHS :		10	
	No of Departmental Meetings Attended	8	10	10
	Participation in Departmental Activities	2	10	10
	No of local Conference Attended	2	10	10
3	<b>Outreach Program Activities ( Dental Camps)</b>		10	
4	<b>Research</b>			
	No of Publications done (Min 1 per Year)		10	
	Contribution for Book ,Chapter, Monogram		10	
	No of poster/paper presented ( Min 1 per year)		10	
	No of Conferences attended (state/National/International)	1		10
	No of Research Projects Taken		10	
	No of Research Guided	1	10	10
	No of Invited Guest Lectures Delivered	4	10	10
	No of Workshop Invited as Resource Person	2	10	10
	Collaborative research/ Ph.D.		10	
	Any other		10	
5	<b>Attendance of Functions</b>			
	Republic Day	1	10	10
	Independence Day	1	10	10
	Gandhi Jayanti		10	
	Annual Day/Fresher's Day	1	10	10
	Any Other (Yoga Day)		10	
6	<b>Receipt of Awards and Recognitions</b>			
	Local /state/national/international			
7	<b>Organizational Activity</b>			
	State/national level	0		
	Post held in the organizing committee			
	Conduct of NSS activity			
8	<b>Innovative Activity</b>			
9	<b>Any other Academic Activity Not Covered Above</b>			10

- Kindly enclose the necessary proofs. (Mentorship)

# **Performance Appraisal Form**

Non-Teaching Staff



D Y PATIL GROUP

## D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik  
Recognized by Dental Council of India

### PERFORMANCE APPRAISAL FORM FOR NON-TEACHING STAFF

For the Year 2018

1.	Name of the Non-Teaching staff	Ravindra Subrao Patil
2.	Position Title	office superintendent
3.	Date of Joining	27/05/2014
4.	No. of Years in Service	04 years 5 months
5.	Qualification	B. A, & M. B. A Marketing
6.	Details of Current Responsibilities	Assist in UG, PG Inspection work, and Registration dept.

#### 1. PROFESSIONAL COMPETENCE

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Knowledge of rules , Regulations & Regulations		✓			
2.	Ability to organize work and carry it out.		✓			
3.	Ability and willingness to take up additional load in times of emergencies		✓			
4.	Creativity & innovation			✓		
5.	Ability to learn and perform new duties		✓			

## II. PERFORMANCE

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Awareness of policies and procedures of the Institution?		✓			
2.	Maintenance of Files/Records	✓				
3.	Accuracy & Speed of work	✓				
4.	Neatness & tidiness of work	✓				
5.	Completion of work on time		✓			
6.	Diligence and sense of responsibilities					

## III. PERSONAL CHARACTERISTICS

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Attendance		✓			
2.	Punctuality		✓			
3.	Discipline	✓				
4.	Integrity and behaviour		✓			

## IV. ATTITUDE TOWARDS CO-WORKERS

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Cooperation with you colleagues?		✓			
2.	Mutual motivation with your colleagues?		✓			

## V. ATTITUDE TOWARDS PUBLIC

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Cooperation to the needs of the Public ( Patients, Parents, Business Associates, Vendors, Well wishers of the Dental School?		✓			
2.	Rapport with public when you interact with them?		✓			


## VI. STAFF/STUDENT RELATIONS

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Ability to engage, effectively work in the interest of Staff & Students?		✓			
2.	Responsibility towards your task/areas of management assigned to?		✓			

### DECLARATION

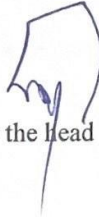
I hereby declare that the information provided is true to the best of my knowledge.

Place: Pune

  
(R. S. Pahl)

Date:

Name and Signature of the Non-Teaching staff

  
Countersigned by the Head of the Institution





D Y PATIL GROUP

## D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik  
Recognized by Dental Council of India

### PERFORMANCE APPRAISAL FORM FOR NON-TEACHING STAFF

For the Year 2019

1.	Name of the Non-Teaching staff	Ravindra Subroo Patil
2.	Position Title	Office Superintendent
3.	Date of Joining	27/05/2014
4.	No. of Years in Service	05 years
5.	Qualification	B.A., MBA Marketing
6.	Details of Current Responsibilities	Working in Dean's Office Establishment Section

### 1. PROFESSIONAL COMPETENCE

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Knowledge of rules, Regulations & Regulations		—			
2.	Ability to organize work and carry it out.		—			
3.	Ability and willingness to take up additional load in times of emergencies		✓			
4.	Creativity & innovation			✓		
5.	Ability to learn and perform new duties			✓		

## II. PERFORMANCE

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Awareness of policies and procedures of the Institution?		✓			
2.	Maintenance of Files/Records	✓				
3.	Accuracy & Speed of work	✓				
4.	Neatness & tidiness of work		✓			
5.	Completion of work on time		✓			
6.	Diligence and sense of responsibilities		✓			

## III. PERSONAL CHARACTERISTICS

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Attendance		✓			
2.	Punctuality		✓			
3.	Discipline		✓			
4.	Integrity and behaviour					

## IV. ATTITUDE TOWARDS CO-WORKERS

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Cooperation with you colleagues?		✓			
2.	Mutual motivation with your colleagues?		✓			

## V. ATTITUDE TOWARDS PUBLIC

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Cooperation to the needs of the Public ( Patients, Parents, Business Associates, Vendors, Well wishers of the Dental School)?		✓			
2.	Rapport with public when you interact with them?		✓			

## VI. STAFF/STUDENT RELATIONS

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Ability to engage, effectively work in the interest of Staff & Students?		✓			
2.	Responsibility towards your task/areas of management assigned to?		✓			

### DECLARATION

I hereby declare that the information provided is true to the best of my knowledge.

Place: Pune

RS  
(R.S. Pahl)

Date:

Name and Signature of the Non-Teaching staff

Countersigned by the head of the Institution





D Y PATIL GROUP

## D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik  
Recognized by Dental Council of India

### PERFORMANCE APPRAISAL FORM FOR NON-TEACHING STAFF

For the Year - 2020

1.	Name of the Non-Teaching staff	Ravindra Subrao Patil
2.	Position Title	Office Superintendent
3.	Date of Joining	27/05/2014
4.	No. of Years in Service	06 years
5.	Qualification	B.A., MBA. (Marketing)
6.	Details of Current Responsibilities	Working in Dean office Establishment Section

#### 1. PROFESSIONAL COMPETENCE

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Knowledge of rules , Regulations & Regulations		✓			
2.	Ability to organize work and carry it out.		/			
3.	Ability and willingness to take up additional load in times of emergencies		✓			
4.	Creativity & innovation			✓		
5.	Ability to learn and perform new duties		✓			

## II. PERFORMANCE

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Awareness of policies and procedures of the Institution?		✓			
2.	Maintenance of Files/Records	✓				
3.	Accuracy & Speed of work	✓				
4.	Neatness & tidiness of work	✓				
5.	Completion of work on time		✓			
6.	Diligence and sense of responsibilities		✓			

## III. PERSONAL CHARACTERISTICS

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Attendance		✓			
2.	Punctuality		✓			
3.	Discipline			✓		
4.	Integrity and behaviour		✓			

## IV. ATTITUDE TOWARDS CO-WORKERS

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Cooperation with you colleagues?		✓			
2.	Mutual motivation with your colleagues?			✓		

## V. ATTITUDE TOWARDS PUBLIC

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Cooperation to the needs of the Public ( Patients, Parents, Business Associates, Vendors, Well wishers of the Dental School)?		✓			
2.	Rapport with public when you interact with them?		✓			


## VI. STAFF/STUDENT RELATIONS

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Ability to engage, effectively work in the interest of Staff & Students?		✓			
2.	Responsibility towards your task/areas of management assigned to?		✓			

## DECLARATION

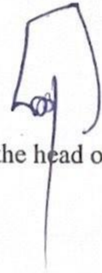
I hereby declare that the information provided is true to the best of my knowledge.

Place:

  
(R. S. Patel)

Date:

Name and Signature of the Non-Teaching staff



Countersigned by the head of the Institution





D Y PATIL GROUP

## D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik  
Recognized by Dental Council of India

### PERFORMANCE APPRAISAL FORM FOR NON-TEACHING STAFF

For the Year - 2021

1.	Name of the Non-Teaching staff	Ravindra Subrao Patil
2.	Position Title	office superintendent
3.	Date of Joining	27/05/2014
4.	No. of Years in Service	7 years
5.	Qualification	B.A. MBA
6.	Details of Current Responsibilities	Working in Dean office Establishment Section

#### 1. PROFESSIONAL COMPETENCE

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Knowledge of rules , Regulations & Regulations		✓			
2.	Ability to organize work and carry it out.		✓			
3.	Ability and willingness to take up additional load in times of emergencies		✓			
4.	Creativity & innovation	✓				
5.	Ability to learn and perform new duties		✓			

## II. PERFORMANCE

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Awareness of policies and procedures of the Institution?		✓			
2.	Maintenance of Files/Records	✓				
3.	Accuracy & Speed of work	✓				
4.	Neatness & tidiness of work		✓			
5.	Completion of work on time		✓			
6.	Diligence and sense of responsibilities		✓			

## III. PERSONAL CHARACTERISTICS

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Attendance		✓			
2.	Punctuality	✓				
3.	Discipline		✓			
4.	Integrity and behaviour		✓			

## IV. ATTITUDE TOWARDS CO-WORKERS

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Cooperation with you colleagues?		✓			
2.	Mutual motivation with your colleagues?		✓			

## V. ATTITUDE TOWARDS PUBLIC

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Cooperation to the needs of the Public ( Patients, Parents, Business Associates, Vendors, Well wishers of the Dental School?		✓			
2.	Rapport with public when you interact with them?		✓			

## VI. STAFF/STUDENT RELATIONS

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Ability to engage, effectively work in the interest of Staff & Students?		✓			
2.	Responsibility towards your task/areas of management assigned to?		✓			

## DECLARATION

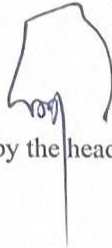
I hereby declare that the information provided is true to the best of my knowledge.

Place: Pune

RS  
(R.S. Patel)

Date:

Name and Signature of the Non-Teaching staff



Countersigned by the head of the Institution





D Y PATIL GROUP

## D Y PATIL DENTAL SCHOOL

Affiliated to the Maharashtra University of Health Sciences, Nashik  
Recognized by Dental Council of India

### PERFORMANCE APPRAISAL FORM FOR NON-TEACHING STAFF

For the Year 2022

1.	Name of the Non-Teaching staff	Ravindra Subroo Pahl
2.	Position Title	office Superintendent
3.	Date of Joining	27/05/2014
4.	No. of Years in Service	08 year
5.	Qualification	B.A. MBA Marketing
6.	Details of Current Responsibilities	Working in Dean Office Establishment Section

#### 1. PROFESSIONAL COMPETENCE

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Knowledge of rules , Regulations & Regulations		✓			
2.	Ability to organize work and carry it out.			✓		
3.	Ability and willingness to take up additional load in times of emergencies		✓			
4.	Creativity & innovation			✓		
5.	Ability to learn and perform new duties			✓		

## II. PERFORMANCE

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Awareness of policies and procedures of the Institution?		✓			
2.	Maintenance of Files/Records	✓				
3.	Accuracy & Speed of work	✓				
4.	Neatness & tidiness of work		✓			
5.	Completion of work on time		✓			
6.	Diligence and sense of responsibilities		✓			

## III. PERSONAL CHARACTERISTICS

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Attendance		✓			
2.	Punctuality		✓			
3.	Discipline		✓			
4.	Integrity and behaviour		✓			

## IV. ATTITUDE TOWARDS CO-WORKERS

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Cooperation with you colleagues?		✓			
2.	Mutual motivation with your colleagues?		✓			

## V. ATTITUDE TOWARDS PUBLIC

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Cooperation to the needs of the Public ( Patients, Parents, Business Associates, Vendors, Well wishers of the Dental School?		✓			
2.	Rapport with public when you interact with them?		✓			

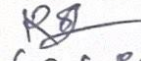
## VI. STAFF/STUDENT RELATIONS

Sr. No.		Excellent	Good	Satisfactory	Average	Poor
1.	Ability to engage, effectively work in the interest of Staff & Students?		✓			
2.	Responsibility towards your task/areas of management assigned to?		✓			

### DECLARATION

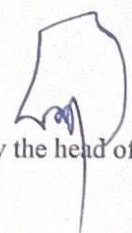
I hereby declare that the information provided is true to the best of my knowledge.

Place: Pune

  
(R.S. Patil)

Date:

Name and Signature of the Non-Teaching staff

  
Countersigned by the head of the Institution

