

Mohamed Sathak AJ College of Engineering, Chennai - 603 103

Faculty Appraisal Form

Name					
Father / Husband Name :				Occupation:	
DOB :	AGE :	Gender : Male / Female			
Present Address :	Permanent Address :				
Contact No:				Mail Id:	
Department					
Designation					
Date of Joining in this Institution:					

Academic Qualifications

Name of the Degree	College & University	Specialization	Month & Year of Passing	(%) Marks & Class	Mode*
Ph.D					
M.Phil					
PG					
UG					
Diploma					

Professional Experience

Name of the Institution / Industry	Period	Designation	Years	Total Years

PRINCIPAL

MOHAMED SATHAK A.J. COLLEGE OF ENGINEERING
34, Rajiv Gandhi Road (OMR), Siruseri, IT Park
Chennai-603 103.

Publication

Total No.of Papers Published in Current AY	National :	International:
Total No.of Papers Presented in Conference	National :	International:
No.of Books Published :	Patents / IPR :	

I. Academic Achievements (25%)**(a) Theory Subjects Handled (10%)**

Semester / Yr / Branch	Subjects Handled	Registered	Pass	Absent / Fail	% of Pass	Students Feedback

(b) Student's Projects guided (10%)

Title of the Project	Outcome if any	Publication if any

II Self Growth (15%)

(STTP / Conf. / Workshop / Guest Lecture / Seminar / Projects / NSS / YRC) Organised / Attended

Title of the Programme	Organized By	Duration	Sponsored By

III Department Development Activities (15%)

Responsibilities Undertaken in department level	Learned / Achieved	Remarks


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IV Institutional Development (15%)			
Responsibilities Undertaken in College level	Learned / Achieved		Remarks
V Professional Memberships (05 %)			
Name of the Professional Society - Enrolled	Activity Conducted / Attended	Period	Outcome
VI Industry – Institute Interaction Activities (10%)			
Type of Activities	Name of the Industry	Outcome	Contact Person
Industrial Visit / Internship / Training Organised & Attended			
Industrial Project Undertaken if any			
MOU signed & Other Relationship			
Guest lecture , Seminar , Workshop & Conference Organized & Attended			
VII Research & Development (10%)			
Name of the University, RegisterNo, File No & Date of Registration (Ph.D)	Name of the Guide	Name of the Faculty / Dept	Status of the Progress
Title of the Project, File No, Period, Amount Sanctioned	Investigator Details	Sponsoring Authority	Status of the Project
VIII. Publication of Conference/Research Papers/Articles (10%) (Attach a copy of Publication)			
Title of the Paper	Authors	Type of Journal	Year, Volume & Issue No

Wsh

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Consolidated Report

Sl.No	Category	Marks Awarded	Marks Obtained
I	Academic Achievements	20	
II	Self Growth	15	
III	Department Development	15	
IV	Institutional Development	15	
V	Professional Membership	5	
VI	Industry Institute Interaction Activity	10	
VII	Research & Development	10	
VIII	Publications	10	
	Total	100	

Supporting Documents Required

1. Relevant Documents to support all claims as annexure
2. Copy of all publication

Signature of the Faculty

Signature of Review Committee

Format No :247


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