

CONFIDENTIAL

UNIVERSITY OF MUMBAI
Snatacruz - Mumbai - 400 098

ASSESSMENT REPORT

Form D- Part I

Teaching Staff

-(General Information Sheet and self-Assessment Form)

-(College & University Departments)

(Other than mentioned in Forms A & B)

- Period of Report : From 2020 to 2021

GENERAL INFORMATION

1 Full name :

Mr. Sangramsinh Shivajirao Pawar

2 Name of the Institution where at present serving

S.K. Patil Sindhydurg Mahavidyalaya,
Malvan, Dist - Sindhydurg

3 Designation

Librarian

SELF-ASSESSMENT

1 Self-Assessment for the years under report

2020 - 21

a Brief description of your duties

- 1) Resource ordering (Books, Periodicals, e-resources)
- 2) Cataloguing & Classification (Books, Periodicals)
- 3) Management of library services
- 4) supervision of library services
- 5) Guide and assist students & staff while using electronic resources.
- 6) Maintaining library software
- 7) conducting library Extension Activities
- 8) Library website Maintenance

b Academic achievements/ Professional growth

1) Degree/Diploma/ Certificate etc.

No Degree/Diploma/Certificate completed during 2020-21

ii) Participation in Seminar, Conference, Workshops, Summer Institute, Special Training Programmes etc.

1) Participated in one day National Conference on post Covid-19 strategies - challenges and innovations organized by S.K. Patil Sindhurdas, Mahanayaka.

2) Participated in "Name guidance and preparation workshop" organized by IQAE, S.K. Patil Sindhurdas Mahanayaka.

iii) Research undertaken

Book chapter Published.

Name of the chapter - "National Career Service - Digital portal of employment and growth." ISBN - 978-93-81249-30-7

iv) Participation in other activities: (Social, Cultural, Continuing Adult Education, NSS, NCC etc.)

1) Covid awareness on-line quiz organized jointly with NSS and IQAE on 11/7/2020.

2) Conducted online General Knowledge quiz on "Republic of India" on 21/01/21

c. Description of other achievements / contribution :

- Worked AS an Advisor at YCMOU, Maharashtra study center - Sawantwadi for B.Lib and M.Lib courses

2. Additional Provision of Facilities / assistance, you think necessary for future improvement in your work.

One New computer for recording library attendance.

Signature

Mr. Sanyamish S. Pawar

Name

Librarian

Designation

Place Malvan

Date 08/10/2021

DN/

(College & University Departments)
(Other than mentioned in Forms A & B)

Teaching Staff

I GENERAL INFORMATION

1. Full Name : Mr. Sangramsinh Shivajirao Pawar
2. Qualifications : B. Sc., M. Lib & Inf. Sci., SET
3. Date of Birth : 10/12/1978
4. Date of Appointment : 18/02/2015
5. Date of Confirmation : 18/02/2017
6. Designation (Present) : Permanent - Librarian
7. a) Salary Scale : 57700 - 182400
b) Basic at present : 57700
8. Year of Present assessment : 2020-21
9. Purpose of Present assessment : Yearly routine Assessment

(Section I above is to be filled in by the staff concerned)

II Assessment	Excellent	V. Good	Good	Fair	Poor
i Readiness to accept new suggestions.	✓				
ii Adjustment with superiors	✓				
iii Academic Performance	✓				
iv Industry	✓				
v Regularity	✓				
vi Sence of Responsibility	✓				
vii Integrity		✓			
viii Identification with the Institution		✓			
ix Participation in co-curricular and extra activities	✓				
x Involvement in other University / College / Department activities	✓				
xi Any other (Please specify and then) <u>Library Extension activities</u>	✓				

2 Special remarks with reference to Column No. 9 under section - I. (Please state specifically whether suitable or not for confirmation, crossing assessment bar, promotion ect. if not, reasons for same be given)

Suitable for promotion crossing assessment bar. Self-starter ^{who} required little supervision.

3 - Observation on the self assessment

Self-starter Librarian, Good colleague to other staff, Capable to perform Librarian's duty, Sincere and Punctual.

4 Note of remarks to be communicated to the person concerned

5 Any other remarks or suggestions


Good understanding to find information.

Name _____

Place Malva

Date 08/10/24

DN/-


Principal
S. K. P. [Signature] Reporting Officer
MALWA (Head of the Department)

FORM B PART - II
(REPORT OF REVIEWING OFFICER)

- GENERAL INFORMATION :**
1. Full Name : Mr. Sragransh Shivganes Powers
 2. Qualifications : B.Sc. M.Lib & Inf. sci, SET
 3. Date of Birth : 10/12/1978
 4. Date of Appointment : 18/02/2015
 5. Date of Confirmation : 18/02/2017
 6. Date of Next Increment : 1/01/2021
 7. a) Salary Scale : 57700 - 182400
 - b) Basic at present : 57700 - A. 66500/A
 8. Designation (Present) : Librarian
 9. Year of Present assessment : 2020-21

(Section I above is to be filled in by the staff concerned)

ii GENERAL ASSESSMENT / This assessment should be done on five point scale as EXCELLENT, VERRY GOOD, GOOD, FAIR, POOR (please mark / appropriate column).

1. Assessment	Excellent	V. Good	Good	Fair	Poor
i Readiness to accept new suggestions.	✓				
ii Relations with colleagues	✓				
iii Readiness to improve performance	✓				
iv Relations with public	✓				
v Adjustment with superiors.	✓				
vi Capacity to get work done from Juniors	✓				
vii Willingness to work	✓				
viii Regularity	✓				
ix Integrity		✓			
x Identification with the Institution		✓			
xi Involment In other activities	✓				
xii Any other (Please specify and then) Library Extension Activities	✓				

2 Specific remarks with reference to Column No. 10 under section - I.
(Please state specifically whether suitable or not for confirmation, crossing assessment bar, promotion ect. if not, reasons for same be given)

Crossing Assessment Bar
Suitable for Promotion

3 Observation on the self assessment

Dedicating, having Capacity to Perform Librarian duty, having skill and know to Perform duty, sincere and Punctual.

4 Note of remarks to be communicated to the person concerned

5 Please give your general rating on the five point scale namely - Excellent, V. Good, Good, Fair, Poor (if this changes at next assessment, reasons be indicated).

Excellent.

6 Any other remarks or suggestions

Good understanding to find information.

Name

Place Malvan

Date 08/10/24

DNI/-

[Signature]
Principal
S. K. Patil
Signature of the Principal
MALVAN, (Dist. Sindhudurg)

College / Dept..

UNIVERSITY OF MUMBAI

Sriharur - Mumbai - 400 098

ASSESSMENT REPORT

Form D- Part I

Teaching Staff

GENERAL INFORMATION

- 1 Full name :
- 2 Name of the Institution where at present serving
- 3 Designation

- (General Information Sheet and self- Assessment Form)

- (College & University Departments)

(Other than mentioned in Forms A & B)

- Period of Report : From _____ to _____

- Dr. Sumedha Sudarshan Naik

- S.K. Patil Sindhudurg Mahavidyalaya
Malvan.

Assistant Professor

SELF-ASSESSMENT

- 1 Self-Assessment for the years under report
- a Brief description of your duties

2020-21

Teacher - TU, SY, TY BCOM (Sem I to sem VI)
for Accountancy
Duties regarding examinations
Member, I & AC

- b Academic achievements/
Professional growth

- 1) Degree/Diploma/
Certificate etc.

Certificate Course in Career Guidance
& Counselling, Garware Institute of
Career Education & Development.

ii) Participation in Seminar, Conference, Workshops, Summer Institute, Special Training Programmes etc.

Participation in online National level Seminars by Konkavali College, Indan Association, Khalsa College, Delhi PV College, 3 Days FDP - Patkornvade College, 10 Day FDP - Pune University

iii) Research undertaken

Thakur College, the Sawantwadi College, etc. One Week - FDP, Dnyansagar Institute, Pune.

iv) Participation in other activities: (Social, Cultural, Continuing Adult Education, NSS, NCC etc.)

Gymkhana Members, Member, A.P.A.D. & Literature Group, Writings - Articles in local newspapers, Social Media etc.

c. Description of other achievements / contribution :

Bharati Jyoti Pratibha Samman Awards by M.V.L.A. Trust, Interviewed by 'Garajale Re Garajale' Abhigyan, Interviewed by KIT College, Kolhapur.

2. Additional Provision of Facilities / assistance, you think necessary for future improvement in your work.

Need of dedicated ^{working} space for Gymkhana work office, IQAC ~~work~~


Signature

Dr. Sumedha Haik
Name

Assistant Professor
Designation

Place Malvan
Date _____

DNI/

FORM D- PART - II

(To be filled in by Reporting Officer)

(College & University Departments)

(Other than mentioned in Forms A & B)

Teaching Staff

I GENERAL INFORMATION

- 1. Full Name : Dr. Sumedha Sudarshan Naik
- 2. Qualifications : B.COM, M.A, MCOM, SET, NET, Ph.D.
- 3. Date of Birth : 21.02.1978
- 4. Date of Appointment : 27.04.2009
- 5. Date of Confirmation : 27.04.2011
- 6. Designation (Present) : Assistant Professor.
- 7. a) Salary Scale : 57700 - 182400
- b) Basic at present : Rs. 77500/-
- 8. Year of Present assessment : 2020-21
- 9. Purpose of Present assessment : Office Use.

(Section I above is to be filled in by the staff concerned)

Assessment	(Section I above is to be filled in by the staff concerned)				
	Excellent	V. Good	Good	Fair	Poor
i Readiness to accept new suggestions.	✓				
ii Adjustment with superiors		✓			
iii Academic Performance		✓			
iv Industry		✓			
v Regularity		✓			
vi Sense of Responsibility		✓			
vii Integrity		✓			
viii Identification with the Institution		✓			
ix Participation in co-curricular and extra activities			✓		
x Involvement in other University / College / Department activities		✓			
xi Any other (Please specify and then)			✓		

2 Special remarks with reference to Column No. 9 under section - I.

(Please state specifically whether suitable or not for confirmation, crossing assessment bar, promotion ect. if not, reasons for same be given)

suitable for promotion crossing assessment bar.

3 Observation on the self assessment

Capable to perform his duty.

4 Note of remarks to be communicated to the person concerned

5 Any other remarks or suggestions

Name _____

Place _____

Date _____

DN/-

Principal

Signature of Reporting Officer (Head of the Department)


University of College : S. K. P. S. Mahavidyalaya, MalvanCONFIDENTIAL ASSESSMENT AND SELF-ASSESSMENT REPORTS OF
NON-TEACHING/NON-TECHNICAL/TECHNICAL EMPLOYEES

Serial No. : _____ Year ending 31st March, 2021
 File No. : _____
 Name : Shri./Smt./Mssr. : Pramesh Lakshman Gogoi
 Department or Office (including Section) : S. K. P. S. Mahavidyalaya, Malvan

INSTRUCTIONS

1. Report should be submitted annually and for the period ending 31st March, 19
2. Report should be signed in full and dated by the Reporting Officer. His name and designation should be typed or written legible below his signature.
3. Report should as far as possible be written in manuscript. When the report is typed for good and sufficient reasons a certificate to that effect by the Reporting Officer should be added to the Report.
4. If the employee has served under the reporting authority for less than six months, the officer/s under whom he has previously served, should be consulted and their opinions incorporated in the report, indicating how far the replies to the questions are based on personal knowledge and how far on reports of other officers.
5. Anything specially meritorious or adverse to the employee should be mentioned, even if not specifically provided for.
6. Severe notice will be taken of perfunctory, cryptic and incomplete and prejudicial reports.
7. All adverse/outstanding remarks should be communicated to the employee in writings.
8. The reviewing authority has right to ask justification of remarks from the reporting officer.

Place : Malvan.

Date : 20/04/21

 (Shri. P. L. Gogoi)

Name : PRAMOD Father's Name LAXMAN Surname GOSAVI

Date of Birth : 17/05/1964

Place of Birth : Bav (Taluka - Kudal)
(Village/Town/Taluka/District/State)

Nationality and Religion : Indian Religion - Hindu

Whether belongs to SC/ST/NT/Other Backward Classes etc. : N.T.

Home Town (with residential address) : At Post - Wariy Bhutnath,
Tal. Malvan (Dist. Sidpur)

Permanent Address (Local) : As above

Date of Joining : 10/02/1984

Appointment and position : Jr. Clerk - Cum - Typist

Positions	Period from
i) <u>Jr. Clerk - Cum - Typ.</u>	<u>10/02/1984</u>
ii) <u>Sp. Clerk</u>	_____
iii) <u>Head Clerk</u>	_____

Mother Tongue : Marathi

Language Known : Marathi, Hindi & English

Qualifications : M.S. C.

University : M. S. Board, Pune

Year : March 1983

Place : Malvan.
Date : 20/04/2021

Signature 

Name : Sri. Pramod Lakshmi Dasu

Period of Report : 2020-21

Post or Posts held during the period of report : Head Clerk

Department/Office/Section : Office S.K.D.S. Mahaulkhyay malur

Leave taken during the PERIOD E.L./C.L./other Leave : _____

PERFORMANCE ASSESSMENT

Sr. No.	Item	V.Good A	Good B	Fair C	Average D	Below Average E
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I. Technical Adequacy:-

- 1. Industry : B
- 2. Application : B
- 3. Initiative : B
- 4. Neatness : B
- 5. Accuracy : B
- 6. Punctuality in work : B
- 7. Methodical and systematic working : B
- 8. Promptness in disposal : B
- 9. Regularity in attendance : B
- 10. Relations with Superiors : B
- 11. Relations with Colleagues : B
- 12. Relations with members of public : B
- 13. Dependability : B
- 14. Capacity to get work done : B

II. General Impression :-

- 1. General impression and grasp : B
- 2. Leadership qualities : B
- 3. Level of knowledge (related to the Section/Department) : B
- 4. Tech.ability (wherever relevant) : B
- 5. Spl.complementary aptitude qualities etc. other than job requirements : B

Sr. No.	Item	V. Good A	Good B	Fair C	Average D	Below Average E
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III. Recommendation :-

- (a) Administrative ability :
including judgement,
initiative, promptness
and drive. ✓
- (b) Fitness to continue in :
the present post. ✓
- (c) Fitness for promotion : ✓
- (d) Any other item not :
covered but which you
would like to record.
Please specify the aspect. ✓
- (e) Recommendation-observation : *good work*
of the Reporting Officer.

PLACE : MALVAN.

DATE : *30/04/22*

[Signature]
Principal
S. K. Patil Siddhurg Mahavidyalaya
MALVAN, (Dist. Siddhurg)

Name and Designation of the
Reviewing Officer.

FORM NO.6

(-See rule 12)

University of College : S.K. PATIL SINDHUDURG MAHAVIDYALAYA, MALVAN.

CONFIDENTIAL ASSESSMENT AND SELF-ASSESSMENT REPORTS OF
NON-TEACHING/NON-TECHNICAL/TECHNICAL EMPLOYEES

Serial No. : _____ Year ending 31st March, 2021

File No. : _____

Name : Shri./Spt./Kya. ANIL DAJI KADAM.

Department or Office (including Section) : S.K. Patil Sindhudurg Mahavidyalaya,
Malvan

INSTRUCTIONS

1. Report should be submitted annually and for the period ending 31st March, 19
2. Report should be signed in full and dated by the Reporting Officer. His name and designation should be typed or written legible below his signature.
3. Report should as far as possible be written in manuscript. When the report is typed for good and sufficient reasons a certificate to that effect by the Reporting Officer should be added to the Report.
4. If the employee has served under the reporting authority for less than six months, the officer/s under whom he has previously served, should be consulted and their opinions incorporated in the report, indicating how far the replies to the questions are based on personal knowledge and how far on reports of other officers.
5. Anything specially meritorious or adverse to the employee should be mentioned, even if not specifically provided for.
6. Severe notice will be taken of perfunctory, cryptic and incomplete and prejudicial reports.
7. All adverse/outstanding remarks should be communicated to the employee in writings.
8. The reviewing authority has right to ask justification of remarks from the reporting officer.

Place : Malvan.

Date : 30.04.2021

Name : ANIL Father's Name DAJI Surname KADAM

Date of Birth : 01.06.80 1965.

Place of Birth : Nizam, Tal. Malvan, Dist. Sindhudurg,
(Village/Town/Taluka/District/State)

Nationality and Religion : Indian Nav-Bandha.

Whether belongs to SC/ST/NT/Other Backward Classes etc. : S. C.

Home Town [with residential address : At & Post : Hadi, Tal. Malvan,
Dist. Sindhudurg.

Permanent Address (Local) : _____

Date of Joining : 03.05.1989.

Appointment and position : _____

Positions	Period from
i) <u>Jr. Clerk</u>	<u>03.05.1989</u>
ii) <u>Sr. Clerk</u>	<u>30.04.2001 onward</u>
iii) _____	_____

Mother Tongue : Marathi.

Language Known : Marathi, Hindi, English.

Qualifications : B. Com.

University : Mumbai University

Year : Oct, 1988.

Place : Malvan.

Date : 30.04.2021.


Signature

(Shri. Anil Daji Kadam)

Sr. No.	Item	V. Good A	Good B	Fair C	Average D	Below Average E
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III. Recommendation :-

- (a) Administrative ability : including judgement, initiative, promptness and drive.
- (b) Fitness to continue in : the present post.
- (c) Fitness for promotion :
- (d) Any other item not covered but which you would like to record. Please specify the aspect.
- (e) Recommendation-observation : of the Reporting Officer.

✓

✓

✓

✓

Good work

PLACE : MALVAN.

DATE :

S. K. Patil
(Signature)
S. K. Patil Sindhudurg Mahavidyalaya
MALVAN, (Dist. Sindhudurg)

Name and Designation of the
Reviewing Officer