

SREE MOOKAMBIKA INSTITUTE OF DENTAL SCIENCES



PADANILAM WELFARE TRUST, V.P.M. HOSPITALCOMPLEX,
PADANILAM, KULASEKHARAM, K.K.DIST.TAMILNADU, PIN-629161
(Approved by the Govt.ofTamilnadu Recognised by Dental Council of India
and Affiliated to The TamilnaduDr.M.G.R.Medical University, Chennai)

Website: smids.sreemookambikainstitute.com

Email id:smidsbds1999@gmail.com

STAFF APPRAISAL FORM

PART 1

BASIC INFORMATION

1.Review Period:

2.Name of the Staff: _____

3.Educational Qualification: _____

4.Designation:- _____

5.Department: _____

6.Date of Joining: _____

7.Experience:

In house:

Out house:

Total :

8. Date of Birth: _____

Age _____

9.Mobile Number: _____

10.E- Mail: _____


Dr. Elizabeth Koshi MDS
Principal
Sree Mookambika Institute of Dental Sciences
V.P.M. Hospital Complex
Padanilam Kulasekharam-629 161
K.K Dist., Tamilnadu



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PART II

ACADEMIC ACHIEVEMENTS

11.Progress report of the academic year

S.no	Subject handled	University result%
	overall	

12.Unique contribution

DEPARTMENT	COLLEGE

13.Leave record

Casual leave	Loss of pay	Total absence

14.Club activities:

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PART III

CO-CURRICULAR ACTIVITIES

- 15.List of seminar and workshops attended during the academic year.
- 16.List of articles published during academic year.
- 17.Appreciation/award and recognition earned:
- 18.List of sponsorship/consultancy/project work:
- 19.Other activities inside/outside the campus towards development of self&Students

20.About your work at college Name

I am satisfied because _____

I am not satisfied because _____

21.Suggestions for betterment of academics

22.The strength and weakness analysis of your performance is as under:


Strength	Weakness
1.	1.
2.	2.

Please note the above and initiate suitable steps for converting area of weakness ,which will enable you to excel in your field of work(Training needed area)

1)

2)

Signature of member faculty


Dr. Elizabeth Boshl MDS
Sree Mookambika Institute of Dental Sciences
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EVALUATION LIST TO BE FILLED BY THE FIRST YEAR STUDENT

Name of the student(optional):

Date:

S.no	Attributes of the teacher	DR.SIVA SREE RENG ANATOMY	DR.PADMARIYA BIOCHEMISTRY	DR.JILSHA PHYSIOLOGY	DR.ADLIN PHYSIOLOGY	DR.ANGELIN ORAL PATHOLOGY	DR.GEETHA ORAL PATHOLOGY	DR.JESLYN ORAL PATHOLOGY	DR.APARNA PROSTHODONTICS	DR. MEERA PROSTHODONTICS	DR. ESHONA PROSTHODONTICS							
1.	Does the teacher's teaching helps you to understanding the subject																	
2.	Does he/she answer to your question in class?																	
3.	Do you find his/her teaching method interesting?																	
4.	Is he/she available after college hours to help you with your study																	
5.	Does he/she come to class on time																	
6.	Is his/her behaviour proper with you																	
7.	Is he/she able to do demonstration in clinical/practical classes?																	
8.	Does he/she encourage you to participate in extra-curricular activities?																	
9.	Attitude towards student?																	
10.	How do you rate his/her teaching methods?																	
	Total																	

Rating (1-10 each) 1-Terrible,2-very poor,3-poor,4-Moderate,5-Fair/Average,6-Above average,7-Good,8-Very Good,9-Excellent,10-Outstanding

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EVALUATION LIST TO BE FILLED BY THE SECOND YEAR STUDENT

Name of the student (optional):

Date:

S.no	Attributes of the teacher	Dr.N. Binna Sherin PATHOLOGY	Dr.Prasanna C. Muralee PATHOLOGY	Dr. Radha Physiotherapy PATHOLOGY	Dr. Raghav PATHOLOGY	Dr.K.Greeth MICROBIOLOGY	Dr. Vidhya MICROBIOLOGY	Dr. Jeeva Shalin MICROBIOLOGY	Dr. Sabi Jeevan MICROBIOLOGY	Dr. Girish MICROBIOLOGY	Dr. Neelakan MICROBIOLOGY	Dr. V. Geetha PHARMACOLOGY	Dr. Javed PHARMACOLOGY	Dr. Naha PHARMACOLOGY	Dr. Subina PHARMACOLOGY	Dr. Manoj DENTAL MATERIALS	Dr. Sarah Christopher DENTAL MATERIALS	Dr. Elizabeth Isaac DENTAL MATERIALS	Dr. James DENTAL MATERIALS	Dr. Allen Jim Hines DENTAL MATERIALS	Dr. Aparna DENTAL MATERIALS	Dr. Seemya Mohan DENTAL MATERIALS	Dr. Eshwa DENTAL MATERIALS	
1.	Does the teacher's teaching helps you to understanding the subject																							
2.	Does he/she answer to your question in class?																							
3.	Do you find his/her teaching method interesting?																							
4.	Is he/she available after college hours to help you with your study																							
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6.	Is his/her behaviour proper with you																							
7.	Is he/she able to do demonstration in clinical/practical classes?																							
8.	Does he/she encourage you to participate in extra-curricular activities?																							
9.	Attitude towards student?																							
10.	How do you rate his/her teaching methods?																							
	Total																							

Rating (1-10 each) 1-Terrible, 2-very poor, 3-poor, 4-Moderate, 5-Fair/Average, 6-Above average, 7-Good, 8-Very Good, 9-Excellent, 10-Outstanding

Dr. Elizabeth Isaac
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EVALUATION LIST TO BE FILLED BY THE THIRD YEAR STUDENT

Name of the student(optional):

Date:

S.no	Attributes of the teacher	Dr. Issac Oral Pathology	Dr. Jeslin Beyanso Oral Pathology	Dr. Angelin Binu Oral Pathology	Dr. Girish Oral Pathology	Dr. Prasanth T Oral Pathology	Dr. Geetha Varghese Oral Pathology	Dr. Anoop Abubakkar General Surgery	Dr. Indran General Surgery	Dr. Joseline Princy General Surgery	Dr. SriLakshmi General Surgery	Dr. Suhain Perumbadi General Medicine	Dr. Biju Dennis General Medicine	Dr. Mohan Das General Medicine	Dr. Gopa Kumar General Medicine
1.	Does the teacher's teaching helps you to understanding the subject														
2.	Does he/she answer to your question in class?														
3.	Do you find his/her teaching method interesting?														
4.	Is he/she available after college hours to help you with your study														
5.	Does he/she come to class on time														
6.	Is his/her behaviour proper with you														
7.	Is he/she able to do demonstration in clinical/practical classes?														
8.	Does he/she encourage you to participate in extra-curricular activities?														
9.	Attitude towards student?														
10.	How do you rate his/her teaching methods?														
	Total														

Rating (1-10 each) 1-Terrible,2-very poor,3-poor,4-Moderate,5-Fair/Average,6-Above average,7-Good,8-Very Good,9-Excellent,10-Outstanding

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EVALUATION LIST TO BE FILLED BY THE FINAL YEAR STUDENT

Name of the student(optional):

Date:

S.no	Attributes of the teacher	Dr.Sourmya Mohan.B Prosthodontics	Dr.E. Eshona Pearl Prosthodontics	Dr.Tatu Joy Oral Medicine	Dr.Rahul.R Oral Medicine	Dr.Redwin Manohil Oral Medicine	Dr.Farakath Khan Oral Medicine	Dr.Lakshmi P.S Oral Medicine	Dr.Dhanya S V Oral Medicine	Dr.Chintu. S Pedodontics	Dr.Annie Edwin Pedodontics	Dr.Joe Joseph Public Health Dentistry	Dr.Bijvin Raj.V Public Health Dentistry	Dr.T.S. Manoj Kumar Public Health Dentistry	Dr.Vemalin Preminda Public Health Dentistry
1.	Does the teacher's teaching helps you to understanding the subject														
2.	Does he/she answer to your question in class?														
3.	Do you find his/her teaching method interesting?														
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6.	Is his/her behaviour proper with you														
7.	Is he/she able to do demonstration in clinical/practical classes?														
8.	Does he/she encourage you to participate in extra-curricular activities?														
9.	Attitude towards student?														
10.	How do you rate his/her teaching methods?														
	Total														

Rating (1-10 each) 1-Terrible,2-very poor,3-poor,4-Moderate,5-Fair/Average,6-Above average,7-Good,8-Very Good,9-Excellent,10-Outstanding



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EVALUATION LIST TO BE FILLED BY THE FINAL YEAR STUDENT

Name of the student(optional):

Date:

S.no	Attributes of the teacher	Dr.S. Rajesh Conservative	Dr.Vijay Mathai Conservative	Dr.J. Mano Conservative	Dr.Sarah Christopher Conservative	Dr.Mohamed Riya Conservative	Dr.Elizabeth Issac Conservative	Dr.Jisha Jayakumar Pillai Conservative	Dr.Nishanth Krishna Conservative	Dr.Momhammed Nisar Sajid Conservative	Dr.Mathew Jose Oral & Maxillofacial Surgeon	Dr.Sajesh S Oral & Maxillofacial Surgeon	Dr.Nandagopan S Oral & Maxillofacial Surgeon	Dr.S.Sindhuja Devi Oral & Maxillofacial Surgeon	Dr.Magleen Darney Oral & Maxillofacial Surgeon	Dr.A.Marbon Joewitson Oral & Maxillofacial
1.	Does the teacher's teaching helps you to understanding the subject															
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Name of the student(optional):

Date:

S.no	Attributes of the teacher	Dr.P.Anil Kumar	Dr.Amal S Nair	Dr.Anjana S Nair	Dr.A.Jebilla Pringle	Dr.Jelo Mathew	Dr.Janu S Nair	Dr.Arun Sadasivan	Dr.Chitra Girija	Dr.Steffy Vijayakuma	Dr.Sheetal Menon	Dr.Indhuja .RS	Dr.T. Sreelal	Dr.T. C. Giri Prosthodon	Dr.Aparna Mohan	Dr.James Rex	Dr.Allen Jim Hines
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2.	Does he/she answer to your question in class?																
3.	Do you find his/her teaching method interesting?																
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EVALUATION SHEET TO BE FILLED BY THE CONCERNED AUTHORITY

NAME OF THE EVALUATER(OPTIONAL)

DATE:

SL.NO	ATTRIBUTES OF THE STAFF					
1.	Motivation					
2.	Interpersonal relationship					
3.	Technical Ability					
4.	Leadership Skills					
5.	Team Work					
6.	Quality of work					
7.	Work Knowledge					
8.	Academic Proficiency					
9.	Adaptability					
10.	Patient Service					
	Total					

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