



IDEAL INSTITUTE OF TECHNOLOGY

(Approved by AICTE, New Delhi & Affiliated to JNTUK, Kakinada)

Vidyut Nagar, KAKINADA- 533 003. (A.P.)

Accredited by NAAC with A+

Web : www.idealtech.edu.in

Email : 6k.principal@jntuk.edu.in

FACULTY APPRAISAL/INFORMATION FORM

- 1) Name in full) _____
(PLEASE WRITE IN CAPITAL LETTERS)
- 2) Father's Name: _____
- 3) Mother's Name: _____
- 4) Address for Correspondence: _____

- 5) Emergency Phone numbers: Land line _____ Cell: _____
- 6) Blood Group : _____
- 7) Aadhaar Number: _____ PAN Number _____
- 8) Education Qualification : _____
U.G. _____
P.G. _____
Ph.D _____
- 9) Experience:
In colleges _____ Others : _____
- 10) Area of specialization : 1. _____
(For post graduate and doctoral 2. _____
Candidates) 3. _____
- 11) Fields of interest : 1. _____
2. _____
3. _____
- 12) No. of Seminars attend: National _____ International _____

13) Number of Publications till:
date:

National
Conferences

International
conferences

National
Journals

International
Journals

14) what is your roll :
In the college: : _____
In the department : _____
: _____

15) Committees served/ Additional: 1. _____
Responsibilities taken 2. _____
3. _____

16) Subjects and /or Labs Teaching: 1. _____
this year 2. _____
3. _____

17) Interested in teaching the subject: 1. _____
2. _____
3. _____

18) Goals / Aspirations for the : 1. _____
Upcoming year 2. _____
3. _____
4. _____

19) Have you participated in any Yes No
personality development programme?
If yes explain.

20) what is your suggestion for the improvement of the college?

21) Any other suggestions ?

Signature