



POKHARA UNIVERSITY
FACULTY OF HEALTH SCIENCES
SCHOOL OF HEALTH AND ALLIED SCIENCES
SELF APPRAISAL FORM FOR THE FACULTY

Date:		Program:	
Name:		Designation:	
Appointment Date:		Date of Promotion:	
Appraisal Year:		Date of Submission:	
Contact No.:		Email:	

Please respond to all the following indicators mentioned in the table with the activities held/achieved within the specified year only.

SN	Indicators for Appraisal	Status Yes/No	Description	Remarks
1	Teaching as prescribed/assigned			
2	Involvement in assessment and/or examination management			
3	Involvement in formal counseling of the students			
4	Involvement in conducting the extension and outreach activities			

SN	Indicators for Appraisal	Status Yes/No	Description	Remarks
5	Involvement in the task of committee			
6	Guiding the students for research and projects/cases			
7	Leading the research projects			
8	Assisting in carrying out the research			
9	Presenting research paper/abstract in the seminar			
10	Publishing research articles in the non-ranked journal			
12	Publishing research articles in the peer reviewed/refereed journal			
13	Publishing research articles in the national/international indexed journal			

SN	Indicators for Appraisal	Status Yes/No	Description	Remarks
14	Participation in (attending) the capacity development training			
14	Participation in different seminar, workshop, symposium			
15	Involvement in consultancy works			
16	Upgrading academic qualification			
17	Editing/reviewing research journal and/or papers/articles			
18	Providing expert's services			

SUBMITTED BY

Signature:

Name:

Designation: