



# National Institute of Technology Durgapur

Performance Report From January to December, 20\_\_\_\_\_

Name		Employee Code	
Designation		Department/ Centre	

## I INSTRUCTIONAL ELEMENTS

### (a) Teaching Engagements

Sl. No.	Level (U.G./P.G.)	Course Title & Code (both theory and laboratory)	No. of Students	Weekly		
				L	T	P

### (b) Project and Thesis (Dissertation) Supervisions: B. Tech./M. Tech./M.Sc.

Sl. No.	Level (B.Tech./ M.Tech./ M.Sc.)	Title of the Project/ Thesis	Names of the Students and Roll Nos.	Name(s) of other supervisor(s) (if any)	Remarks

### (c) Other Instructional/Academic Activities

(such as development of laboratory/ course, Instructional software, Education technology packages)

Sl. No.	Particulars	Developers' Names	Title	Remarks

## II ACADEMIC RESEARCH & PUBLICATIONS

### (a) Post-Doctoral Fellows Mentored

Sl. No.	Name of the Student and Roll No.	Research Area/ Topic	Designation	Joining Date	Completion Date

### (b) Ph.D. Research Supervisions

Sl. No.	Name of the Student and Roll No.	Reg. Year and Status (FT/PT)	Research Area/ Thesis Title	Other Supervisor(s) (if any), Name(s) & Department(s)	Completed/ Ongoing

### (c) Journal Papers

Sl.No.	Authors' Names	Title of the Paper	Name of the Journal	Vol. No. (Year), Page Nos.

### (d) Conference Papers

Sl. No.	Authors' Names	Title of the Paper	Name of the Conference	Place, Year, Page Nos.

**(e) Book Chapters**

Sl. No.	Authors' Names	Title	Publisher	Year, ISBN, Page Nos.

**(f) Books/Online Courses/Monographs/Laboratory or Design Manuals - Authored/ Edited**

Sl. No.	Particulars	Authors' Names	Title	Publisher	Vol. No. (Year), PageNos.

**III SPONSORED R&D, CONSULTANCY, PRODUCT DEVELOPMENT, PATENT & COLLABORATIONS**

**(a) Sponsored Research Projects**

Sl. No.	Title of the Project	Funding Agency	Financial Outlay	Year of Start & Total Period	Name of the P.I. and Other Investigators	Started/Completed /In Progress

**(b) Consultancy Projects:**

Sl. No.	Title of the Project	Funding Agency	Financial Outlay	Year of Start & Total Period	Name of the P.I. and Other Investigators	Started/ Complete /In Progress

**(c) Products/Processes Development and Technology Transfer/Copyrights/Patents**

Sl. No.	Particulars	Names of the Group Members Involved	Date	Status	Remarks

**(d) Collaborations**

Sl. No.	Institute/ Organization	Purpose	Date	Status	Remarks

**IV OTHER ACADEMIC ACTIVITIES**

**(a) Awards/ Distinctions/Honours/Fellowship/Invited Lectures/ Member Editorial Board/ Member of National Committees or Bodies**

Sl. No.	Particulars	Date	Remarks

**(b) Fellow/ Membership of Professional Societies or Bodies**

Sl. No.	Name of the Professional Body	Membership No. With Validity

**(c) Organizing Conferences/ Workshops/Seminars/ Short Term Courses as Chairman/Coordinator**

Sl. No.	Name of the Conference/ Workshop/Seminar/ Course	Sponsored by	Dates		No. of Participants	Remarks
			From	To		

**(d) Participation in Conferences/ Workshops/Seminars**

Sl. No.	Name of the Conference/ Workshop/Seminar/ Course	Sponsored by	Place	Dates		Remarks
				From	To	

**(e) Visits Abroad**

Sl. No.	Institute/ Organization	Purpose	Dates		Remarks
			From	To	

**(f) Outreach Activities Supporting Social and Educational Endeavors**

Sl. No.	Institute/ Organization	Purpose	Dates of visit		Status	Remarks
			From	To		

**(g) Other Activities (not included in the above)**

1.
2.
3.

**V MANAGEMENT & INSTITUTIONAL DEVELOPMENT ELEMENTS**

(Dean, Chairman/Member of Committee, Warden, Assistant Warden, Associate Dean, In-charge of Section/ Service, Involvement in Student Services, Institute Community and Administrative Assignments, etc.)

Sl. No.	Responsibility Entrusted	Authority, Department/ Institute	Date		Remarks
			From	To	

**VI SELF APPRAISAL**

(Comments on the work including particulars of circumstances for not being able to undertake activities in some elements)

--

**VII COMMENTS & SUGGESTIONS FOR FUTURE WORK**

(Including difficulties faced, if any, and suggestions for improvement, training, infrastructure etc. for professional growth and for achievement of excellence)

--

Date:  
Place:

(Signature of the Faculty Member)

Forwarded

Date:  
Place:

(Signature of the Head)  
Department:

DEAN (FACULTY WELFARE)