

TEACHING PLAN

Name of the Teacher:

Department:

Subject & Semester:

No. of Teaching Hours Allotted:

Date of Re-opening of College:

Month Wise Distribution of Syllabus:

SL.NO	MONTH	SYLLABUS ALLOTTED

R.B.A.N.M'S FIRST GRADE COLLEGE, BANGALORE 42
WORK PROGRESS REPORT AS ON :
SYLLABUS COMPLETION REPORT

NAME OF THE LECTURER:
DESIGNATION :
DEPARTMENT:

SEMESTER:

YEAR:

Class & Section	Syllabus Allotted	Number of Classes Held	Portions Covered	Percentage of Portions Covered	Remarks

SELF APPRAISAL REPORT FOR TEACHING STAFF
(To be submitted at the end of every semester for Internal Audit)

1	Name	
2	Designation	
3	Period of Assessment	Odd/Even Semester
4	Classes & Subjects taken	
5	No.of Classes taken	
6	No.of Students in the Class	
7	Date of Class conducted	
8	Date of Mid-Semester Examination	
9	Other responsibilities undertaken during the semester	
10	BOS/BOE/Paper setter etc in Universities and Autonomous Colleges	
11	Seminars, Conferences & workshops attended/paper submitted/resource person (Copy of the Certificate to be attached)	
12	Books published/Articles published	
13	<p>Have you maintained and submitted the following:-</p> <p>Teaching Plan</p> <p>Work Diary</p> <p>Result Analysis</p> <p>Remedial Classes taken</p> <p>Syllabus completion Report</p>	

Date:

Signature & Designation