**VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA**

**Calculation of Credit Points**

|  |  |
| --- | --- |
| Name |  |
| Present Position |  |
| Academic Year |  |
| Teaching Process |  |
| Assessment Year (Date to Date) |  |

1. Teaching Process ( Max Point 25) (Enclosure should be counter signed by the HOD)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl No. | Semester | Course Code/Name | No. of Scheduled Classes | No. of actually held classes | Points earned | Enclosure No. |
|  | 1st |  |  |  |  |  |
|  | 2nd  |  |  |  |  |  |
|  | 3rd  |  |  |  |  |  |
|  | 4th  |  |  |  |  |  |
|  | 5th |  |  |  |  |  |
|  | 6th  |  |  |  |  |  |

1. Students’ Feedback (Max Point25) (To be submitted by concern HOD, if HOD is a candidate then this should be submitted by Dean F&P)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl No. | Semester | Course Code/Name | Average Student feedback on the scale of 25 | Enclosure No. |
|  | 1st |  |  |  |
|  | 2nd  |  |  |  |
|  | 3rd  |  |  |  |
|  | 4th  |  |  |  |
|  | 5th |  |  |  |
|  | 6th  |  |  |  |

1. Departmental Activities (Max credit 20) (Enclosure should be signed by the HOD)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl No. | Semester | Activity | Credit/Point | Criteria | Enclosure No. |
|  | 1st |  |  |  |  |
|  | 2nd  |  |  |  |  |
|  | 3rd  |  |  |  |  |
|  | 4th  |  |  |  |  |
|  | 5th |  |  |  |  |
|  | 6th  |  |  |  |  |

1. Institute Activities (Max Credit 10)( Enclosure should be signed by the Registrar/Dean F&P)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl No. | Semester | Activity | Credit/Point | Criteria | Enclosure No. |
|  | 1st |  |  |  |  |
|  | 2nd  |  |  |  |  |
|  | 3rd  |  |  |  |  |
|  | 4th  |  |  |  |  |
|  | 5th |  |  |  |  |
|  | 6th  |  |  |  |  |

1. ACR maintained at institute level (Max Credit 10) (To be submitted by PA to VC)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Extraordinary | Excellent | Very Good | Good | Satisfactory |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl No. | Year | Activity | Credit/Point | Criteria | Enclosure No. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Contribution to Society (Max Credit 10) (Enclosure should be signed by competent authority)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl No. | Semester | Activity | Credit/Point | Criteria | Enclosure No. |
|  | 1st |  |  |  |  |
|  | 2nd  |  |  |  |  |
|  | 3rd  |  |  |  |  |
|  | 4th  |  |  |  |  |
|  | 5th |  |  |  |  |
|  | 6th  |  |  |  |  |

Summary

(To be filled by the Scrutiny Committee)

|  |  |  |  |
| --- | --- | --- | --- |
| Summary | Academic Year | Academic Year | Academic Year |
| 1 | 2 | 3 |
| A.Teaching Process (Max Points 25) |  |  |  |
| B.Students’ feedback (Max Points 25) |  |  |  |
| C.Departmental Activities (Max Points 20) |  |  |  |
| D.Institute Activities (Max Points 10) |  |  |  |
| E.ACR (Max Point 10) |  |  |  |
| F.Contribution to Society (Max Points 10) |  |  |  |
| Total (Max Points 100) |  |  |  |
| Total on 10 Point Scale |  |  |  |

**STUDENT’S FEEDBACK FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Academic Year |  | Name of the Faculty |  |
| Course |  | Semester |  |
|  |  | Date of the feedback |  |

**For getting filled in through student**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl No. | Description | Very Poor | Poor | Good | Very Good | Excellent |
| 1 | 2 | 3 | 4 | 5 |
| 1 | Has the Teacher covered entire syllabus as prescribed by University/College/Board? |  |  |  |  |  |
| 2 | Has the Teacher covered relevant topics beyond syllabus |  |  |  |  |  |
| 3 | Effectiveness of Teacher in terms of : |  |  |  |  |  |
| (a)Technical content/course content |  |  |  |  |  |
| (b)Communication Skills |  |  |  |  |  |
| (c)Use of teaching aids |  |  |  |  |  |
| 4 | Pace on which contents were covered |  |  |  |  |  |
| 5 | Motivation and inspiration for students to learn |  |  |  |  |  |
| 6 | Support for the development of Students’ skill |  |  |  |  |  |
| (i)Practical demonstration |  |  |  |  |  |
| (ii)Hands on training |  |  |  |  |  |
| 7 | Clarity of expectations of students |  |  |  |  |  |
| 8 | Feedback provided on Student’s progress |  |  |  |  |  |
| 9 | Willingness to offer help and advice to students |  |  |  |  |  |
|  | **Total** |  |  |  |  |  |

**Signature of the Head of the Department**