# CMR TECHNICAL CAMPUS Kandlakoya (V), Medchal Road, Hyderabad - 501 401

## Self Appraisal Report for the Academic Year 2020-21

(Please furnish the information for the period July 2020 to June 2021 only)

1.	Department	:

2. Name of the faculty :3. Designation :

4. Date of joining :

5. Scale of pay :

6. Total emoluments :

7. Address for correspondence :

Email : Phone No. :

8. Academic Qualifications (in Chronological order starting from Highest Degree):

S. No.	Degree	Institution	Board / University	Specialization	Month & Year of Passing	Class/ Division	% of Marks
1							
2							
3							
4							
5							
6							

#### 9. Experience:

S. No.	Organization	Pe	Period		Total
5.110.	018	From	То	Scale of pay	emoluments
1					
2					
3					
4					
5					

10.	Subjects	Taught	(with	pass	%	):

S. No	Subject	% of pass
1		
2		
3		

#### 11. Laboratories handled:

S. No	Lab	% of pass
1		
2		

#### 12. Academic Projects guided:

S. No	UG/PG	Title of the Project	Domain
1			

#### 13. Membership of professional bodies:

S. No	Name of the Professional Body	Membership Type
1		

### 14. Certified Courses MOOCs/SWAYAM:

S. No.	Name of the Course	Date/Month/Year	Duration	Offered Institute	Grade

## 15. Mentoring Details:

S. No.	Activity	No. of Students	Remarks
1			
2			
3			

16.	Short	Term	Training	Programs	(STTP/FDP)	) conducted/	attended.
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S. No.	Name of the Program	Date/Month/Year	Organisation in which attended/Conducted
1			

#### 17. Research publications:

i) Conferences/Seminars/Symposiums

S.No.	Title of the paper	Name of the program with address	pp, vol., month & year	ISBN No. of proceedings

ii) National & International journals

S. No.	Title of the papers	Name of the Journal	pp, vol., month & year	ISSN No. of Journal	Category of the Journal*

<sup>\*</sup>Journal Category: SCI/ESCI/WoS/Scopus Indexed

### 18. Outside World Interactions (BoG/BoS/Reviewer/Speaker/Session Chair etc.):

S. No.	Activity	Date/Month/Year	Remarks

19.	Pro	iects/	Travel	grants	received:

S. No.	Project Title	Sanctioned Date	Sanctioned Amount	Scheme / Agency

### 20. Patents / Copyrights:

S. No.	Application No	Title	Status	Date

### 21. Ph.D. Guideship:

S. No	Name of the Scholar	Year of Registration	University	Remarks

### 22. Awards / Recognitions / Prizes (if any):

S. No	Description	Year	Agency

## 23. Students Feedback:

S. No	Class	Semester	%

#### 24. Administrative responsibilities:

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25. Any other information:
Note: - Enclose annexures wherever necessary.
Declaration:
I hereby declare that the above furnished information is true and correct to the best of mathematical knowledge and belief.
Signature of the Candida
Remarks of the HOD:
Signatu
Recommendations of the Director
Signatu