### **VAAGDEVI PHARMACY COLLEGE**

### Bollikunta, Warangal-506 005



#### **SELF APPRAISAL REPORT**

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.	Father's/Husba	and Name	:				
4.	Designation		:				
5.	Date of joining		:				
6.	Scale of pay		:				
7.	Gross Salary		:				
8.	Address for co	respondence	:	PAN N	No:	Aadhar No	o:
	E m	ail	:				
	Pho	ne No.	:				
9.	Educational Qu	ialifications (in C	Chronological c	order starting fro	m Highest degree)		
S. No.	Degree	Board/Unive	rsity	Specialization	Month & Year of Passing	Class/ Division	% of Marks
10.	Details of Expe	rience (starting	with the most	recent)			
S.		<u> </u>	Peri	od		To	otal
No.	Orga	anization	From	То	Scale of pay		luments

S.No		Name of th	e Program	С	Pate/s, Months Year	Orga	nization	
			_	cademic year (		•		
5.No	Title of the Paper With all citation details	Whether you are the main author	No. of Co- Authors	Name of the Journal	PP,vol., month & year	SCI/Scopus Indexed If Yes, give details	Impact Factor	ISS N

12. National/International Conferences/Seminars/Symposiums/Workshops organized during the last

Name of the

Coordinator(s)

Date/s, Months, Year

11. Whether Ratified by JNTUH/SCM if yes, mention the details:

academic year (July-2020 to June-2021):

Name of the Program

S.No

	ii)	) Conferences	/Seminars	etc.,
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S.No	Title of the Paper	Name of the Event	PP,vol., Month & year	ISBN No.

# iii) Books / Chapters published

SI. No.	Title with page nos.	Book Title, editor & publisher	ISSN / ISBN No.	Whether peer reviewed	No. of Co- authors	Whether you are the main author

### iv) Ongoing and Completed Research Projects and Consultancies

SI.	Title	Agency	Period	Grant Amount Mobilized (Rs. Lakh)

(v	) Coi	npleted	Proje	cts / C	onsulta	ncies
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SI.No	Title	Agency	Period	Grant / Amount Mobilized (Rs. Lakh)	Whether policy document / patent as outcome

16. Projects/travel grants received :

## 17. Subjects Taught (with pass %)

S.No	Subject	Number of Units Completed		24 6	Verified by	5 1 6 5	
3.110	Jubject	I-Mid Exam II-Mid Exar		% of pass	Controller of Examinations	Remarks of HoD	
		1	I-Sei	mester			
		T	II-Se	mester			

#### 18. Laboratories handled

S.No	Subject	r of Units pleted II-Mid Exam	. % of pass	Verified by Controller of Examinations	Remarks of HoD
		I-	Semester		
	T	-	Semester		

19. Innovative teaching-learning methodologies, updating of subject content, course improvement etc.

S. No.	Description

20. Category –II:

	UG :	
	PG :	
	Ph.D. :	
22.	Administrative responsibilities held:	
S.No	Duty	Rating by the HoD (out of 10 points)
23.	Membership of professional bodies	
24.	Achievements :	
25.	Any other relevant information :	
1 -1	DECLARATION BY THE FACULTY MEMBER	had of a landar
I d	eclare that the above information furnished is true and correct to the	best of my knowledge.
		Signature of the Faculty Member

Note: - Enclose all relevant Annexures.

21. Projects guided :

Remarks of the HOD	
	<b></b>
	Signature
Recommendations of the Principal	
Recommendations of the Principal	Signature
Recommendations of the Principal	
Recommendations of the Principal	
Recommendations of the Principal	