UNIVERSITY OF CALICUT
INSTITUTE OF ENGINEERING AND TECHNOLOGY

APPRAISAL REPORT OF TECHNICAL/ LAB STAFF

1. Name of Staff :

2. Designation :

3. I.D.No. :

4. Age & Date of Birth :

5. Period of evaluation : From......................... to till date.

6. Signature :

APPRAISAL OF THE HEAD OF THE DEPARTMENT

1. Punctuality of the Staff :

2. Discipline of the Staff :

3. Availability of the Staff :

4. Efficiency in managing
    the Workshop/lab :

5. Participation in
    management of the
    institution :

6. Additional responsibility
    performed :

Appraisal of the HoD   : Recommended / Not Recommended

Signature of HoD

Principal's appraisal   :

Recommended / Not Recommended

Signature of Principal