



Institute for Integrated Learning in Management
IILM Graduate School of Management

Performance Review & Development Plan

Instructions:

1. Please complete the form using a pen in the format that has been provided. You may leave out sections which do not apply to you or those you do not wish to complete for any reason.
2. Your response should be to the point. Where you feel that you have not been able to achieve an objective please indicate the reasons for the same.
3. Parameters for assessment are as follows:

Excellent (4) - Performance surpasses norms significantly and consistently

Good (3) - Performance is better than average

Average (2) – Performance is below average

Poor (1) Performance falls well short of norms

4. Your assessment will take place within 30 days of your returning the form. Delayed submission will delay increments/promotions. No increment/promotion will take place with retrospective effect.

Name:

Area:

SECTION –I
(To be completed by Appraise)

1. List all courses taught during the period under review

Name of the Course	Program	Teaching Feedback	No of Students enrolled	No of Students giving feedback	No of classes on time	No of classes rescheduled	No of guest lectures*	Submission of Exam results (On time / Delayed)

Name:

Area:

2. My contribution as a Mentor

Mentee Feedback	

3. List any innovative methods used in teaching and how it helped your students?

Name:

Area:

Academic	Non academic
Comments by Area Chair / Vertical Head / Associate Dean / Dean / Director	
Name:	Signature:

RESEARCH, TRAINING AND CONSULTING – (during the period under review)

7. List Refereed papers, articles, working papers, case study and research briefs published

S. No.	Title	Journal	Year/ Month

8. List papers accepted for presentation at Conference/Seminars

Name: _____

Area: _____

S. No.	Title	Conference Name	Country	Year/ Month

9. List books / chapter published

S. No.	Title	Publisher	Year/ Month

10. List of MDP/Consulting/Customized Trainings /FDP's CONDUCTED on behalf of IILM

S. No.	Title	Organization	Year/ Month

11. List of MDP's /FDP's ATTENDED

S. No.	Title	Organization	Year/ Month	Rating

12. Additional qualifications/certifications acquired during the period under review

Academic Year: From JUNE 2010 to MAY 2011

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Name: _____

Area: _____

1.
2.
3.

13. DISCUSSION ON Annual Academic Plan (AAP) - FOR PERIOD UNDER REVIEW

a) List the academic goals you had and rate yourself on their achievement. * (Refer AAP)

	Academic Goals	Actual Achievement	Area Chair / Vertical Head Comments
Teaching			
Research			
Training & Consulting			
Admin			

b) **GOAL SETTING - FOR COMING YEAR**

Details of courses being offered in academic year 2010-11:

S. No	Name of the Course	Program	Term
Total number of courses			

Research work/ Refereed paper/ Publication proposed

Name:

Area:

S.No	Research Topic	Intended Publication	Time Frame

Accepted/ proposed conference presentation/s in the current year:

S.No	Research Area	Conference	Time Frame

Case studies to be undertaken:

S.No	Issue	Name of Company / Industry	Time Frame

MDP/trainings to be undertaken:

S.No	Topic	Singly / Joint partner's name/s	Time Frame

Any other professional goals:

Name:

Area:

S.No	Goal	Comments

Name of the Faculty:	Name of the Area Chair / Vertical Head:
Signature	Signature

14. How can ILM contribute to increasing your work efficiency?

