College	
Annual Self Appraisal Report	
Voor	

		ica:
Name	:	
Designation	·	
Department	:	
Area of Specialization	:	

Month	CL	EL	CCL	Study Leave	Special Leave/Maternity Leave	Restricted Holiday	Govt. Holiday	Puja, Semester Examination, Semester Break	Total Non- academic Class Days	Total Classes Alloted	Total Classes Taken	% of Classes Taken	Remarks
June													
July													
August													
September													
October													
November													
December													
January													
February													
March													
April													
May													
Total													

Signature of	Signature of	Signature of	Signature of	Counter Signature of
Teacher	HOD	Coordinator of IQAC	Vice-Principal	Principal,