

Shirpur Education Society
R. C. Patel Institute of Pharmaceutical Education and Research

SELF-APPRAISAL REPORT (SUPPORTING STAFF) A. Y. 20 -20

A] General information

- Name:
 - Department: Designation:
 - Address (Residential):

 - Mobile: e-mail:
 - Date of Birth:
 - Date of Appointment: In the Institution: In the present post:
- Area of Specialization: Total Experience:.....Yr

B] Academic Qualification

| Exam Passed | School/College/ University | Subjects | Year Division/Grade |
|----------------------|-------------------------------|----------|------------------------|
| 10 th | | | |
| 12 th | | | |
| D. Pharm | | | |
| Bachelor's Degree | | | |
| Masters Degree | | | |

C] Workshops, training program, seminars, etc. attended

| Name of the seminar/conference/symposia workshop, etc. | Name of sponsoring agency | Place and Date |
|--|------------------------------|----------------|
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D] Contribution to administration work

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Computer literacy (provide details)

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E] Computer software's handling skills (specify the name of software's you routinely handle with level of competence)

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F] Contribution to Students Welfare and Discipline

(Signature of the supporting Staff Member)

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