

SELF APPRAISAL & PERFORMANCE ASSESMENT FORMAT FOR BRP- [To be filled up Part-A by BRP/Part-B by BMC/Part-C by DMC]

Part-A- [To be filled-up by BRP]

Name of BRP :

Subject :

BRP Roll No. :

Date of signing of agreement as BRP :

Period of Assessment Report (From-To) :

Duration of Present Engagement :

Name of Parent Department :

Name of Parent School :

DISE Code(11 digit) of Parent School :

Activity								
No. of Cluster Level Teacher Orientation attended in the last year	Number of Cluster where attended the Orientation						Total number of Orientation	
Number of Block Resource Group meeting attended in the last year	Target number						Achievement	
Total enrolment in Class –I to VIII as per DISE(current DISE Report)								
Total class wise enrolment in Class –I to VIII as per DISE(current DISE Report) of schools under the Block	C-I	C-II	C-III	C-IV	C-V	C-VI	C-VII	C-VIII
Total Number of School								
Number of visit to various schools in the year								
Number of visit to various Cluster Resource Centre for academic support in the year								
Major academic issues of the schools								
Action taken for addressing the issues								

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Major academic issues of the various Cluster Resource Centres	
Action taken for addressing the issues	
Number of critical academic issue received from various clusters	
Number of critical academic issue addressed at BRG level and communicated to concerned Cluster	
Number of critical academic sent to DRG which were not resolved at BRG level	

Details of training /workshop etc (except cluster level teacher orientation and BRG meeting) where act as Resource Person:

- i)
- ii)
- iii)

Details about Block Resource Group meeting:

Month & Year	Issues discussed

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Month &Year	Issues discussed

Activities undertaken to prevent dropout:

1. 2. 3.

Activities undertaken for high retention:

1. 2. 3.

Activities undertaken for community involvement in school:

1. 2. 3.

Special Activities taken for vibrant conduct of BRG meeting:

1.

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2.

3.

Detail about academic support to Cluster/Schools:

1.
2.
3.

Detail about development of Teaching Learning Material (Please mention the Class and lesson of the TLM):

1.
2.
3.

Innovative activities implemented:

Name of Activities	Conducted in the month	Target	Achieved	Outcome	Major Observation

Any other activities implemented(including task assigned by authority):

Name of Activity	Type(occupation) and no. of beneficiaries	Outcome	Major observation

School Visit Report submitted to BMO in hard copy : Please mention number of submitted report

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Month-												
Number of report submitted												

Date:

(Signature of BRP)

N.B.: If required the space given for each point may be increased as per the requirement.

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Part-B- [To be filled-up by Block Mission Co-ordinator him self.]

Report on attendance:

Total Working Days during the reporting period : No. of days present : No. of days in Leave :

Casual Leave : Medical Leave : Unauthorized absence :

Total number of School Visit Report submitted:

Performance in relevant area/subject:

Commitment for his/her duties & responsibilities:

Involvement in Resource Group Activities:

If Special/innovative activity undertaken, please mention:

Any information regarding any complaint against the BRP/misconduct etc:

Remarks regarding regularity, punctuality and sincerity- ([i] Un-satisfactory, [ii] Satisfactory, [iii] Good,

[iv] Very Good, [v] Excellent, [vi] Out standing)

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Competency-wise Assessment :

(Please give points against each attribute below ranging from 0-10)

- 1. Knowledge of the job
- 2. Regularity
- 3. Punctuality
- 4. Sincerity
- 5. Reliability
- 6. Involvement/Interest in work
- 7. Timely completion of allotted work
- 8. Willingness to work in odd hours
- 9. Working capacity
- 10. Relationship with colleagues/higher officials/public
- 11. Total Marks carried**

Signature of Block Mission Co-coordinator

Date:

Block:

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Part-C- [To be filled-up by District Mission Co-ordinator him self.]

Report on attendance:

Total Working Days during the reporting period : No. of days present : No. of days in Leave :

Casual Leave : Medical Leave : Unauthorized absence :

Total number of School Visit Report submitted to BMC as reported:

Performance in relevant area/subject:

Commitment for his/her duties & responsibilities:

Involvement in Resource Group Activities:

If Special/innovative activity undertaken, please mention:

Any information regarding any complaint against the BRP/misconduct etc:

Remarks regarding regularity, punctuality and sincerity- ([i] Un-satisfactory, [ii] Satisfactory, [iii] Good, [iv] Very Good, [v] Excellent, [vi] Out standing)

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- 9. Working capacity
- 10. Relationship with colleagues/higher officials/public
- 11. Total Marks carried**
- 12. Grade** (below50='C', 50to70='B', 71to100='A')

Signature of District Mission Co-ordinator

Date:

District: