



INSTITUTE OF AERONAUTICAL ENGINEERING

(Autonomous)
Dundigal, Hyderabad - 500 043

Performance Appraisal Scoring System (PASS) Non Ph.D Faculty (APRIL / AUGUST / DECEMBER)

Name of the Faculty: _____ Emp. ID: _____

Designation: _____ Department: _____

Experience at IARE (in Years): _____ Month and Year: _____

General Instructions:

- If space provided in the columns is inadequate, *use separate sheet and mark it as annexure.*
- **Filled in form** along with all supporting documents is to be submitted to Dean of internal audit and policies.

S No	Parameter	Expected value	Details		
1	Research publication titles in refereed and indexed journals (SCI/SCIE/Scopus) (Max. score 20)	2			
2	Research publication titles in Scopus indexed International Conferences (Max. score 10)	2			
3	Chapters in books published by National and International Level publishers, with ISBN/ISSN number (Max. score 5)	1			
4	Text/Reference books published by International Publishers, with ISBN/ISSN number (Max. 10 per book for single author)	1			
5	Citation Index Count (3) Source: Scopus / Google Scholar	-	Earlier (Till Last month)	At Present	
	h – Index(2) Source: Scopus /Google Scholar	-	Earlier (Till Last month)	At Present	
6	IPR Activities (Patents / Industrial Designs under institutional ownership only)Source: IPO / WIPO (Max. score 10)	1+1+1	Filled (2)	Published (3)	Granted (5)
7	IPR Activities (Patents / Industrial Designs under faculty ownership) Source: IPO / WIPO (Max. score 5)	1+1+1	Filled (1)	Published (1)	Granted (3)
8	Submitted proposal/s for Funded Research Scheme (Max. score 10)	1			
9	Innovation in Product				

	development - Proposal/submitted to MSME / ASPIRE / HIBI / DSIR / Others (Max. score 15)	1									
10	Consultancy Work undertaken (Max. score 10) <i>brief details</i>										
11	SELF- TARGET Three product development proposals you would like to carry out in the next 3 months (submit a copy of 200 word abstracts)	1.									
		2.									
		3.									
12	ORCID ID										
13	ResearchGate ID										
14	Academia ID										
15	Rate yourself the satisfaction level of your research work <i>(on a ten-point scale, zero is the lowest & ten is the highest)</i>	1	2	3	4	5	6	7	8	9	10
	Justify your rating										

Date:

Signature of the faculty

HOD Details:	
Name of the HOD	
Signature of the HOD	
Remarks / Recommendations, if any:	
Auditor Details	
Name of the Auditor-1	
Signature with date	
Remarks / Recommendations, if any:	
Name of the Auditor-2	
Signature with date	
Remarks / Recommendations, if any:	

Observations (In respect of the weightage of activities claimed)

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Recommendation / Remedial Measures Suggested

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Dean of Internal Audit and Policies

Principal